

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF IOWA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name E-MedMart, Inc.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names  
MedMart  
MyMedMart, Inc.

3. Debtor's federal Employer Identification Number (EIN) 42-1476019

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	909 Willson Ave. Webster City, IA 50595 Number, Street, City, State & ZIP Code	Box 215 Webster City, IA 50595 P.O. Box, Number, Street, City, State & ZIP Code
	Hamilton County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.mymedmart.com

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

Debtor **E-MedMart, Inc.** Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4561

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **E-MedMart, Inc.** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment** Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds. Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	<b>E-MedMart, Inc.</b>	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **E-MedMart, Inc.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 6, 2023**  
MM / DD / YYYY

**X /s/ Maureen A. Seamonds**  
Signature of authorized representative of debtor  
  
Title **President**

**Maureen A. Seamonds**  
Printed name

**18. Signature of attorney**

**X /s/ Julie Johnson McLean**  
Signature of attorney for debtor

Date **June 6, 2023**  
MM / DD / YYYY

**Julie Johnson McLean AT#0005185**  
Printed name

**Dentons Davis Brown PC**  
Firm name

**215 10th Street, Suite 1300**  
**Des Moines, IA 50309**  
Number, Street, City, State & ZIP Code

Contact phone **515-288-2500**

Email address **julie.mclean@dentons.com**

**AT#0005185 IA**  
Bar number and State

Debtor **E-MedMart, Inc.** Case number (if known) \_\_\_\_\_  
Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_ Chapter **7**

☐ Check if this an amended filing

**FORM 201. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<b>Home Health Solutions, Inc.</b>	Relationship to you
District	<b>Northern District of Iowa</b> When _____	Case number, if known
Debtor	<b>MyMedMart, Inc., aka MedMart and E-MedMart, Inc.</b>	Relationship to you
District	<b>Northern District of Iowa</b> When _____	Case number, if known

**Parent Corporation**

**Affiliate Sister Corporation**

**Fill in this information to identify the case:**

Debtor name E-MedMart, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 6, 2023

**X /s/ Maureen A. Seamonds**

Signature of individual signing on behalf of debtor

**Maureen A. Seamonds**

Printed name

**President**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **E-MedMart, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **119,996.70**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **119,996.70**

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **575,951.34**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **575,951.34**



**Fill in this information to identify the case:**Debtor name E-MedMart, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Availa Bank - Home Health Solutions Inc. (as of 5-31-2023)Checking2234\$342.943.2. Availa Bank - E-MedMart Inc. dba MyMedMart (as of 6-1-2023)Checking1643\$1,649.133.3. Availa Bank - Home Health Solutions Inc. (as of 5-31-2023)Checking1561\$106.863.4. Peoples Credit Union 310 1st Street, Webster City, IA 50595Primary Share Account4061\$20.83**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$2,119.76****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**☒ No. Go to Part 3.☐ Yes Fill in the information below.

Debtor **E-MedMart, Inc.** Case number (If known) \_\_\_\_\_  
Name

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 5,150.58 - 0.00 = .... \$5,150.58  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 54,807.86 - 0.00 = .... \$54,807.86  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$59,958.44

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Medical Supplies Inventory List - See Exhibit A - plus Inventory of \$1,835.21 Returned to Bird and Cronin, LLC - entitled to Refund in the amount of \$-1,649.06 (less 15% Restock Fee and \$120 Shipping)	March to May 2023	Unknown		\$57,918.50

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$57,918.50

24. **Is any of the property listed in Part 5 perishable?**

Debtor **E-MedMart, Inc.** Case number (If known) \_\_\_\_\_  
Name

- ☐ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No

☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☐ No. Go to Part 7.

☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 2 U Shaped Office Modular Desk Units 72"; 1 L Shaped Desk Unit 55"; Black Faux Leather Office Couch; 2 Black Faux Leather Office Chairs; 3 Office Chairs; Counter and 2 Stools; Counter	\$800.00		Unknown
40.	Office fixtures 4 White Display Cases	\$500.00		Unknown
41.	Office equipment, including all computer equipment and communication systems equipment and software LG CPU with 22" Acer Monitor; LG CPU with 22" Asus Monitor; LG CPU with 22" Asus Monitor (all computer equipment is older than 5 years); HP COMPAQ 8200 Elite CPU MXL143DQ40 (billing software) Windows 7 Pro 22" Monitor I - INC (older than 2 years) plus office equipment leased from Gordon Flesch Company, Inc.	Unknown		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

Debtor **E-MedMart, Inc.** Case number (If known) \_\_\_\_\_  
Name

- ☐ No  
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>www.mymedmart.com</u>	<u>Unknown</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>Customer List</u>	<u>Unknown</u>		<u>Unknown</u>
64.	Other intangibles, or intellectual property <u>Medicare Provider No. 1280840001-1861461741</u> <u>PTAN: 1280840001</u> <u>NPI: 186146741</u>	<u>Unknown</u>		<u>Unknown</u>

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No

Debtor **E-MedMart, Inc.** Case number (If known) \_\_\_\_\_  
Name

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **E-MedMart, Inc.** Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$2,119.76</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$59,958.44</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$57,918.50</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$119,996.70</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$119,996.70</b>

ITEM NUMBER	ITEM DESCRIPTION	QUANTITY	RETAIL PRICE
B07Y3VRLG	CPAP Mask Wipes	3 @8	\$24.00
AGCE1000	Nasal Moisturizer	1	\$15.00
1070106	Comfortgel Blue Med Flap & Gel Cushion	2@18	\$36.00
1070041	Comfortgel Blue Nasal Mask w/o headgear DOM	1 - Large	\$54.00
1070037	Comfortgel Blue Nasal Mask with headgear	1 - Large	\$102.00
1070039	Comfortgel Blue Nasal Mask with headgear	2 - Small @102	\$204
1081800	Small Comfortgel Blue Full	3 @193	\$579.00
1090201	Amara Gel FFM with RS headgear	1 - Small	\$174.00
1090401	Amara Gel FFM with headgear	2 - Small @ 174	\$348.00
1090406	Amara Gel FFM with headgear	2 - Large @ 170	\$340.00
1090494	Amara Gel Cushion	1 - Large	\$72.00
1090492	Amara Gel Cushion	1 - Small	\$72.00
1090493	Amara Gel Cushion	1- Medium	\$72.00
1090623	AmaraView Mask with headgear	1 - Medium	\$150.00
1090624	AmaraView Mask with headgear	2- Large @150	\$300.00
1094088	Wisp Cushion	3 - Large @ 36	\$108
1116747	Dreamwear Frame	1 - Large	\$122.00
1112031	Wisp Nasal Cushion	2 - Xlarge @20	\$40.00
1133385	Dreamwear FFM with headgear	1 - Small	\$116.00
1133387	Dreamwear FFM with headgear	2 - Large @116	\$232.00
1094051	Wisp Nasal Mask/Headgear	2 @ 112	\$224.00
ESN25A	F&P Eson 2	1	\$26.00
400475	F&P Simplus	1 - Small	\$120.00
400HC583	F&P Simplus Headgear	1 - Medium/Large	\$80.00
400HC580	F&P Simplus Seal	1 - Medium	\$32.00
16549	Ultra Mirage II Nasal Mask with headgear	1 - Large	\$114.00
16334	Mirage Micro Nasal Mask with headgear	1 - Medium/Large	\$114.00
16390	Mirage Micro Cushion	1 - Large	\$38.00
16550	Ultra Mirage II Nasal Mask with headgear Shallow	1	\$114.00
61290	Mirage QuaHro Cushion & Clip	2 - XSML @ 52	\$104.00
61601	Mirage Softgel Nasal Mask with headgear	2 - Medium@82	\$164.00
61200	Mirage Quattro FFM with headgear	2 - XSML@ 5178	\$356
61203	Mirage Quattro FFM with headgear	1 - Large @178	\$178.00

63334	Airfit F30i FFM/headgear	1 - Medium	\$184.00
63330	Airfit F30i FFM/headgear	2 - Small @184	\$368.00
63331	Airfit F30i FFM/headgear	1 - Standard	\$184.00
62200	Swift FX Nano Nasal Mask/headgear	1 - Standard	\$114.00
62109	Mirage FX Nasal Mask/headgear for her	1 - Small	\$114.00
62201	Swift FX Nano Nasal Mask/headgear for her	1- Small	\$114.00
62737	Quattro Air/Airfit F10 Cushion	1 - Small	\$62.00
63351	Airfit F301 Cushion	4 - Medium @54	\$216.00
64161	Airfit F30 Headgear	2 - Std @62	\$124.00
63164	Airfit F10 Mask Headgear	2 - Std @40	\$80.00
62703	Quattro Air FFM with headgear	2 - Large @196	\$392.00
62701	Quattro Air FFM with headgear	1- Small	\$196.00
63903	Airtouch N20 with headgear	1 - Small	\$112.00
63906	Airtouch N20 with headgear	1- Medium	\$112.00
63902	Airtouch N20 with headgear	1- Large	\$112.00
63000	Airtouch F20 with headgear	1- Small	\$188.00
63023	Airtouch F20 Frame System	1 - Large	\$264.00
63503	Airfit N20 with headgear	1 - Small	\$94.00
63201	Airfit N10 with headgear for her	1 - Small	\$102.00
63500	Airfit N20 with headgear for her	1 - Small	\$94.00
63501	Airfit N20 with headgear	2 - Medium @94	\$188.00
63502	Airfit N20 with headgear	2 - Large @94	\$188.00
63141	Airfit F10 with headgear for her	1 - Medium	\$172.00
63400	Airfit F20 with headgear	1- Small	\$178.00
63821	Airfit N301 SLM STD STPK	0	\$0.00
62251	Swift FX Nano Wide Nasal Mask/headgear	1	\$114.00
500	Nebkit 500	9 @5	\$45.00
	PR 15-RP 15mm Bortubing	0	0
HT12	HCPCS A4604 Heated Tubing	2 @40	\$80.00
36810	Slimline Tubing	2 @13	\$26.00
1003757	RP R2 Chamber Kit	1	\$15.00
1003756	RP Universal Chamber Kit	1	\$15.00
100332	Sleepweaver Cloth Nasal Mask + Headgear	1	\$192.00
2786762	Nasal Gel Saline	1	\$4.00



459	Sleepweaver Cloth Nasal Mask + Headgear	1	\$192.00
A7034/E0485	APNEAPAP (kit) CPAP	1	\$24.00
KRCS025	Sunset Halo Style Chinstrap	1	\$15.00
1146072	Respironics Inc - Humidifier Water Tank	<u>2@28.00</u>	\$56.00
TC-6-BLUE	CPAP Tube Cover	1	\$10.00
1050013	MW EasyLife Mask without headgear	1	<u>\$35.00</u>
1047922	FullLife Cushion	1 - Small	\$44.00
AG302425	Deluxe Chin Strap	1 - Xlarge	\$46.00
1078408	RP Golife Men Frame Only	<u>4@22.00</u>	\$88.00
1093229	RP Golife for Men Frame Only	1 - Small	\$22.00
1090288	RP - RS Amara Frame	1	\$50.00
1116745	Dreamwear Frame	1 - Small	\$50.00
1070101	L Comfortgel Blue Gel Cushion	1	\$50.00
1122520	Dreamstation Water Tank	<u>2@30</u>	\$60.00
1120617	Dreamstation Humidifier Flip Lid Seal	<u>4@32.</u>	\$128.00
HCG150C	24" Inch Grey Tubing (CPAP)	1	\$32.00
62932	Airfit P10 Pillow	6 - Medium @44	\$264.00
61276	Mirage Quattro Cushion Clip	2 - Medium@28	\$56.00
83490-0510-01	Vortex non Electrostatic Valved Holding Chamber	2	\$38.00
AG620201	Pocket Chamber	1	\$38.00
LLDBXEFLO	Hepafilter	5	\$10.00
LLCFKINVPERFPIUS	Oxygen Concentrator Filter Plus Kit	2	\$10.00
SSOO1902A	Airlife Volumetric Incentive Spirometer 4000ml	3	\$10.00
HS800	Nebkit	<u>3@ 5</u>	\$15.00
2438	Nebkit	1	\$5.00
1099966	Nebulizer	3 @50	\$150.00
PMIBSTF	Toilet Safety Frame	3 @ 45	\$135
BOOOKYMW8	Toilet Safety Rails	1	\$100.00
FG15011	Mattress Cover with Zipper	1	\$8.00
RN140954	Twin XL Sheet Set	1	\$60.00
	Twin XL Deep Pocket Sheet Set	1	\$50.00
TO7909	Shampoo Cap	<u>4@7</u>	\$28.00
KIH99510	Sitz Bath	1	\$10.00
1244144	Sanitary Commode Liner	1	\$19.00

DYNC8522H	Fracture Bed Pan	1	\$12.00
84850XL	Sani Pant Washable Brief	1	\$20.00
7174	23x36 Disposable Bed Pads	3 @20	\$60.00
648002	33x72x2 Bed Pan Convuluted	1	\$46.00
222 7627	15 Count Prevail Underpads	22 - Large @5	\$110.00
6948124	17 Count Depend Underwear for Women	1 - Large	\$36.00
1758192	18 Count Attends Underwear	4 - Large @20	\$80.00
PRTABB21040	18 Count Presto Brief	9 - Large @18	\$162.00
		2 - Large @10	\$20.00
		1 - Large	\$5.00
5Q64900	44 Count Tena Liners	1	\$10.00
1901628	21 Count Depends Disposable Women's Underwear	6 - S/M @21	\$126.00
FQPWC5131	18 Count Prevail Disposable Daily Underwear	1 - Large	\$14.00
FQPV512	18 Count Prevail Disposable Daily Underwear	4 - S/M @ 23	\$92.00
9289Z142046	12 Count Attends Disposable Underwear	1 - XL	\$14.00
PU2060	25 Count Tranquility Disposable Booster Pads	2 - Super @15	\$30.00
695737	16 Count Tranquility Disposable Underwear	6 - Large @ 25	\$150.00
FQNU0131	18 Count Prevail Daily Briefs Nu-Fit	3 - Large @ 16	\$48.00
5Q54282	28 Count Tena Intimates Overnight Pads	6 @ 20	\$120.00
FQPV9142	54 Count Prevail Daily Pads Moderate	4 @ 20	\$80.00
FQBC013	16 Count Prevail Daily Pads Moderate	36 @ 6	\$216.00
KI02071	Potty Hat	1	\$2.00
	Sterile UA Cups	10	\$
153509	Bard Closed System Urinary Drainage Bag	1 - 4000ml	\$22.00
509348	Urinary Leg Bag Combo Pack Hollister	3 -540ml @10	\$30.00
274-0181	Bard Closed System Urinary Latex Free Drainage Bag	47 - 2000ml @10	\$470.00
60DYN01674	Medline Urinary Drainage Bag	9 - 2000ml @10	\$90.00
625170	Conveen Colopast Urine Collection Bag	2 - 600ml @14	\$28.00
539-5122-4200	Natural Latex Tubing	50 feet - 1/4" x 1/16"	
130-3049	Bard Dispoz-A-Bag	1 - Large	\$8.00
1267947	Bard Extension Tube with connector	4 - 5/16" I.D. x 18" @ 3	\$12.00
2754331	Syringe Catheter Tip - 50ml	80 @3	\$240.00
DA330	Foley Leg Band	4 @5	\$45.00
2203008	Bard Leg Strap Fabric	10 - 8"-24" @5	\$5.00 each

2087823	BD Syringe	48 - 20ml	\$.50 each
508770	Hollister Buch Clamp	6	\$3.00 each
9481844/X002U4CSLT	Heallily Pouch Clamp 4 Pack	1	\$16.00
2R9300	Ostomy Belt	2	\$5.00 each
55AFA	Velcro Locking Adhesive Foley Cath Anchoring Device	2	\$3.50 each
57000076	Drainage Protector Cath Plug	2	\$2.00 each
768200	Coloplast Male External Catheter	3	\$3.00 each
175635	Convatec Straight Tail Closure	7	\$2.00 each
S1175507	Convatec Ostomy Belt	1 - 106cm	\$13.00
MCK19191406	Lubricating Jelly	2 - 4 oz Tubes	\$4.00 each
X002LSOL81	Iodine Swab	1 Box - 75 Pieces	\$38.00 each
1872910	Jobst Roll On Body Fixture "IT Stays"	2	\$20.00 each
3497112	Enema Saline Laxative	1 - 4.5 FL OZ	21
CX6426	Drainage Bag Cover	1	\$25.00
DX4521	Suture Removal Kit	2 - Single Use	\$6.00 each
DM00249N	Derma Klensz Wound Cleanser	2	\$7.00 each
1647833 (802110)	Foley Insertion Tray	5 - 5cc	\$8.00 each
802010/211-3173	Foley Insertion Tray	3 - 5cc	\$8.00 each
802010/57802010	Foley Insertion Tray	6 - 5cc	\$8.00 each
750110/57750110	Bard Economy Bulb Irrigation Tray	4	\$6.00 each
HA826WC	Puritan Cotton Tipped Applicators	10	\$4.00 each
58309626	BD Syringe	2 Boxes of 100 - 1ml @25 box	\$50.00
58305761	BD Eclipse Needle	2 Boxes of 100 @.50m ea	\$100.00
57123518A	Bardia Cath 18FR Balloon Foley Catheter	4 - 5cc	\$48.00
323-2212	Bardia Cath 16FR Balloon Foley Catheter	1 - 5cc	\$2.00
123616A	Bardia Cath 16FR Balloon Foley Catheter	1 - 30cc	
570103L16	16FR Ribbed Balloon Coude Tip	1 - 30cc	\$32.00
3232436	20FR Balloon Foley Catheter	3 - 5cc	\$12.00 each
57123518A	18FR Balloon Foley Catheter	5 - 5cc	\$12.00 each
683563	18FR Covidien Foley Catheter	2	\$2.00 each
61660127	12FR Covidien Round Tip	100 - 4.0mm 16" @2	\$200.00
123524A	24FR Balloon Foley Catheters	10 - 5cc	\$2.00 each
57123616A	16FR Balloon Foley Catheters	4 - 30cc @2	\$8.00
57123516A	16FR Balloon Foley Catheters	17 - 5cc @2	\$34.00

321-7494	Hollister Karaya 5 Paste	1 - 4.5oz	\$20.00
X0023AJXXL	Terrasil Shingles Ointment	1 - 1.5oz	\$30.00
270 0235	Finger Covers	1 - Box (12 Count)	\$2.00
1418664	Visine Dry Eye Relief Drops	1	\$7.00
881539	3M Nexcare Opticlude Eye Patch	2 - Boxes (20 each box) @10 box	\$20.00
1257104	Sterile Alcohol Prep Pads	1 - Box (100 each box)	\$4.00
DX1114	Sterile Alcohol Prep Pads Med	6 - Boxes (100 each box) @4	\$24.00
60CAM000103	Calmoseptine Ointment	1 - 2.5oz	\$21.75
WE6290	Sterile Water	1 - 500ml	\$5.00
6810000	Sterile Water	4 - 10ml	\$2.00 each
1351741	Antibiotic Cream Plus Pain Relief	1 - Tube	\$5.00
DSNG50	NG Strip Nasal Tube Fastener	1 - Box (50 each box)	\$60.00
507715	M9 Odor Eliminator Drops	1 - 1oz	\$14.00
507717	M9 Odor Eliminator Drops	3 - 8oz	\$28.00
3798253	Conforming Stretch Gauze	61 - 4" x 4.1lyrds (5 bags of 12 each bag)	\$.85 each
273-7424	Covidien Gauze Roll	5 - 4 1/2" x 4-1/8yd @3	\$15.00
16-4264	McKesson Gauze Roll	8 - 4.5" x 4.1yrd @2	\$16.00
2488286	3M Medipore Tape Soft Cloth	4 - 2" x 10yds @11	\$44.00
8815382	3M Durapore Surgical Tape	7 - 2" x 10yds @3	\$21.00
650250A	Foam Dressing	8 - 6"x6" (10 dressings each box) @32	\$256.00
DX3103	Conforming Stretch Gauze	10 - 3" x 4.1yr (12 rolls each box) @10	\$100.00
2461150	3M Nexcare Cloth Tape	3 - 3/4" x 6yrd @3	\$9.00
159-3003	3M Nexcare Paper Tape	1 - 1" x 10yds	\$6.00
5113156655	3M Nexcare Paper Tape	2 - 2" x 10yds @7	\$14.00
148-6117	3M Nexcare Waterproof Tape	3 - 1" x 5 yds @6	\$18.00
1809607	3M Nexcare No Hurt Wrap	5 - 3" x 22yds @5	\$25.00
ASO23366	XL Fabric Bandages	3 Boxes 2" x 4" (10 bandages each box)@4\$12.	\$12.00
1882364	3M Nexcare Cushioned Waterproof Bandages Knee & Elbow	1 Box - 2" x 4" (8 each box) @4	\$4.00
2508612	Curad Elastic Net	2 Boxes - 5yds	\$10.00
290-4829	Band-aid Flexible Roll Gauze	2 Boxes @3	\$6.00
174-1925	Rolled Gauze	2 Boxes @3	\$6.00
174-1941	Rolled Gauze	3 Boxes @2	\$6.00
68441500	Covidien Dermacea Bandage Roll	3 Packages - 2" x 12" (12 each package)@4	\$12.00
1145697	Woven Gauze Sponges	3 Boxes - 2" x 2" (50 each box) @6	\$18.00

687198D	Covidien Dermacea Compress Abdominale	2 Boxes - 8" x 10" (18 each box) @10	\$20.00
164292	McKesson Non-Adherent Pads	84 - 2" x 3" (100 each box) @1	\$84.00
1338318	McKesson Split Sponges	2 Boxes of 35 2" x 2" 70 total @.25	\$17.50
X00386B3EH	McKesson Split Sponges	2 Boxes 4" x 4" (25 each box) @20	\$40.00
1213016	ABD Pads	42 - 8" x 7.5" @1	\$42.00
1128347	ABD Pads	22 - 5" x 9" @1	\$22.00
686112	Covidien Curity Non-Adhesive Strips Oil Emulsion	45 - 3" x 3" Strips (1 box = 50) @2	\$90.00
X003BOGKLZ	Xeroform Declusive Gauze Strip 3% Bismuth Tribromophenate	37 Strips - 1" x 8" @1.50	\$55.50
51422300	ConraTec Aquacel Ag Advantage	5 Boxes .75" x 18" (5 per box) @180 \$40 ea	\$900.00
1594118	Aquacel Ag Convatec	4 Dressings - .75" x 18" (1 box =5) @40	\$160.00
124-5208	Adaptic Non-Adhering Dressing	20 - 3" X 8" @3 ea	\$60.00
SC603420	Molnlycke Exufiber Agt with Silver	1 - Box	\$130.00
1326339	Non Woven Sponges	2 Packages - 2" x 2" (200 per pack) @3	\$6.00
1164375	Woven Gauze Sponges	7 Packages - 4" x 4" (200 per pack) @10	\$70.00
116-7963	Telfa	214 - 8" x 3" (4 boxes of 50) @1	\$214.00
SC284190	Mepilex Lite	2 Boxes (5 each box) @75	\$150.00
SC595300	Mepilex	1 Bandage - 4" x 4"	\$15.00
SC595200	Mepilex	4 Boxes - 3" x 3" (5 each box) @45 or 9 ea	\$180.00
60MSC2117EPZ	Optifoam Dressing	7 - 7"x7" Sacrum @28	\$196.00
282055EA	Mepilex Border Sacrum	2 - 6.3" x 7.9"	\$70.00
3MH - 1626W	3M Tegaderm Film	1 Box - 4" x 4 3/4" (50 per box) 3 ea	\$128.00
1700723	Steri-Strip	19 - 1/4" x 3" @2	\$38.00
X001Z1C2KF	Vinyl Gloves	2 Boxes - XL (100 per box) @16	\$32.00
B07KYWVCP6	Vinyl Gloves	1 Box - Large (100 per box)	\$16.00
B07KYV178H	Vinyl Gloves	1 Box - Medium (100 per box)	\$16.00
368-4008	Cotton Gloves	2 Boxes - (1 pair per box) @3	\$6.00
558842	Latex Gloves	2 Boxes - Medium (100 per box) @15 box	\$30.00
558841	Latex Gloves	3 Boxes Small (100 per box) @15	\$45.00
0814-0061	Arm Sling	3 - Xsmall @8	\$24.00
0814-0062	Arm Sling	6 - Small @8	\$48.00
0814-0063	Arm Sling	5 -Medium @8	\$40
0814-0064	Arm Sling	4 - Large @8	\$32.00
0814-0065	Arm Sling	5 - XL @8	\$40.00
0814-0475	Shoulder Immobilizer	3 @ 34	\$102.00

0814-1232	Clavicle Strap	3 - Small 8"@15	\$54.00
0814-1233	Clavicle Strap	4 - Medium 8"@18	\$72.00
0814-1234	Clavicle Strap	4 - Large @18	\$72.00
0814-1235	Clavicle Strap	3 - Xlarge @18	\$54.00
204-1671	Rib Belt Male	1	\$30.00
7989073	Rib Belt Female	1 - Small	\$30.00
7989075	Rib Belt Female	1 - Medium	\$30.00
7989077	Rib Belt Female	1 - Large	\$30.00
3001	Rib Belt Female	1 - Universal	\$30.00
3001	Rib Belt Male	2 - Universal @30	\$60.00
303	Rib Belt Male	1 - Medium	\$30.00
204-1671	Rib Belt Male	1 - Universal	\$30.00
135-5197	Abdominal Binder	3 - Large @15	\$54.00
135-4588	Abdominal Binder	3 - Small @18 @15	\$54.00
0814-5312	Wrist Brace	5 - Small Left 8" @15	\$75.00
0814-5313	Wrist Brace	9 - Medium Left 8" @15	\$135.00
0814-5314	Wrist Brace	8 - Large 8" @15	\$120.00
0814-5315	Wrist Brace	3 - Xlarge left 8" @15	\$45.00
0814-5322	Wrist Brace	4 - Small Right 8" @15	\$60.00
0814-5323	Wrist Brace	8 - Medium Right 8" @15	\$120.00
0814-5324	Wrist Brace	7 - Large Right 8" @15	\$105.00
0814-5325	Wrist Brace	3 - Xlarge Right 8" @15	\$45
0814-4552	Thumb Spica	4 - Small Left @24	\$96.00
0814-4553	Thumb Spica	5 - Medium Left @24	\$120.00
0814-4554	Thumb Spica	6 - Large Left @24	\$144.00
0814-4555	Thumb Spica	3 - Xlarge Left @24	\$72.00
0814-4562	Thumb Spica	4 - Small Right @24	\$96.00
0814-4563	Thumb Spica	4 - Medium Right @24	\$96.00
0814-4564	Thumb Spica	6 - Large Right @24	\$144.00
0814-4565	Thumb Spica	3 - Xlarge Right @24	\$72.00
134-7848	Knee Immobilizer	1	\$46.00
0814-2744	Knee Immobilizer	2 - Tripanel 20" @46	\$92.00
375-3076	Crutches	3 - Adult @27	\$81.00
375-3092	Crutches	5 - Tall @34	\$170.00



195-9783	Crutches	6 - Junior @34	\$204.00
14-0050	Gel Ankle Brace	5 @32	\$160.00
0814-2621	Swede Ankle Brace	1 - Xsmall	\$40.00
0814-2622	Swede Ankle Brace	3 - Small @40	\$120.00
0814-2623	Swede Ankle Brace	2 - Medium @40	\$80.00
0814-2624	Swede Ankle Brace	2 - Large@40	\$80.00
0814-2625	Swede Ankle Brace	3 - Xlarge @40	\$120.00
0814-2281	MKO Ankle Brace	3 - Xsmall @20	\$60.00
0814-2282	MKO Ankle Brace	2-small @20	\$40.00
0814-2283	MKO Ankle Brace	6 - Medium @20	\$120.00
0814-2284	MKO Ankle Brace	4 - Large @20	\$80.00
0814-2285	MKO Ankle Brace	3 - Xlarge @20	\$60.00
135-7755	C-Collar	1 - Small	\$22.00
135-8365	C-Collar	1 - Medium	\$22.00
135-8910	C-Collar	1- Large	\$22.00
0814-3252	Male Post Op Shoe	10 - Small @20	\$200.00
0814-3253	Male Post Op Shoe	11 - Medium @20	\$220.00
0814-3254	Male Post Op Shoe	9 - Large @20	\$180.00
0814-3255	Male Post Op Shoe	9 - Xlarge	\$180.00
0814-6229	Child Post Op Shoe	1 - Xsmall	\$16.00
0814-8801	Child Post Op Shoe	1 - Small	\$16.00
0814-3242	Female Post Op Shoe	4 - Small @20	\$80.00
0814-3243	Female Post Op Shoe	4 - Medium @20	\$80.00
0814-3244	Female Post Op Shoe	3 - Large	\$60.00
0814-0982	Tall Cam Walker	7 - Small @106	\$742.00
0814-0983	Tall Cam Walker	5 - Medium @106	\$530.00
0814-0984	Tall Cam Walker	8 - Xlarge @106	\$848.00
1793	Xwide Cam Walker	1- Xlarge	\$106.00
0814-233	Short Cam Walker	1 - Peds Large	\$100
14111	Short Cam Walker	1 - Xsmall	\$100
0814-0992	Short Cam Walker	8 - Small @100	80\$800.00
0814-0993	Short Cam Walker	7 - Medium @100	\$700.00
0814-0994	Short Cam Walker	5 - Large/Xlarge @100	\$500.00
14119	Short Cam Walker	2 - Xlarge @100	\$200.00

ORT16009	Short Cam Walker Wide XL Low Top	1 - Wide Xlarge Low Top	\$100.00
0814-0552	Heel Lifts	1 - Small	\$10
0814-0553	Heel Lifts	3 - Medium @10	\$30.00
0814-0554	Heel Lifts	4 - Large @10	\$40.00
CL0082	Coreline Night Splints	4 - Small @66	\$264.00
CL0084	Coreline Night Splints	2 - Medium @66	\$132.00
CL0086	Coreline Night Splints	2 - Large @66	\$132.00
0814-8906	Kelly Cast Boot	1	\$74.00
0814-7005	Aspen Collars	1 - Short	\$90.00
0814-7006	Aspen Collars	1 - Regular	\$90.00
215-7410	Stirrup Ankle Brace	1	\$90.00
0814-5814	Patellar Lateral Strap	1 - Left Leg	\$36.00
A403828	Lateral Support	1 - Large Left	\$70.00
58-320412	AFO Braces	1- Small Right	\$78.00
58-320519	AFO Braces	1 - Medium Right	\$78.00
58320616	AFO Braces	2 - Large Right @78	\$156.00
A368RS	AFO Braces	1 - Small Right	\$78.00
AFO-5-R	AFO Braces	1 - Child	\$78.00
110449-2	Ultra Sling Black	1 - Small	\$100.00
110449-3	Ultra Sling Black	1 - Medium	\$100.00
110449-4	Ultra Sling Black	1 - Large	\$100.00
110449-5	Ultra Sling Black	1 - Xlarge	\$100.00
11-3495-2	Playmaker Spacers	1 - Small	\$100.00
11-3495-3	Playmaker Spacers	1 - Medium	\$150.00
11-3495-4	Playmaker Spacers	1- Large	\$150.00
11-3495-5	Playmaker Spacers	1 - Xlarge	\$150.00
W210	Mastectomy Bras	2 - B44 @55	\$110.00
W4015	Mastectomy Bras	1 - B44	\$55.00
N210	Mastectomy Bras	1 - B32	\$55.00
L4015	Mastectomy Bras	1 - B32	\$55.00
N297	Mastectomy Bras	1 - B34	\$55.00
N210	Mastectomy Bras	1 - A36	\$55.00
W4008	Mastectomy Bras	1 - B36	\$60
W4018	Mastectomy Bras	1 - B36	\$55.00



W4019	Mastectomy Bras	1 - B38	\$55.00
W190	Mastectomy Bras	2 - B40 @	\$110.00
N210	Mastectomy Bras	1 - B42	\$55.00
N290	Mastectomy Bras	1 - B42	\$55.00
N297	Mastectomy Bras	1 - B42	\$55.00
W420	Mastectomy Bras	1 - B42	\$55.00
W4015	Mastectomy Bras	1 - B42	\$55.00
N210	Mastectomy Bras	1 - B42	\$55.00
W190	Mastectomy Bras	1 - B42	\$55.00
W290	Mastectomy Bras	1 - B42	\$55.00
W297	Mastectomy Bras	1 - C42	\$55.00
W327	Mastectomy Bras	1 - D40	\$50.00
W202	Mastectomy Bras	1 - D42	\$60.00
N210	Mastectomy Bras	1 - B34	\$55.00
W210	Mastectomy Bras	1 - B34	\$55.00
SS 4013	Mastectomy Bras	1 - B34	\$65.00
W4033	Mastectomy Bras	1 - B38	\$65.00
615	Breast Enhancers	1 - Size 8	\$35.00
615	Breast Enhancers	1 - Size 9	\$35.00
00814-2	Breast Enhancers	2 @35	\$70.00
81002	Breast Enhancers	1	\$35.00
81003	Breast Enhancers	1	\$35.00
81001	Breast Enhancers	1	\$35.00
10006	Mastectomy Impressions	1	\$165.00
47706	Breast Prosthesis	1	\$170.00
48007	Breast Prosthesis	1	\$170.00
49005	Breast Prosthesis	1	\$175.00
49006	Breast Prosthesis	1	\$175.00
49507	Mastectomy Breastform	1	\$175.00
49508	Mastectomy Breastform	1	\$130.00
50808	Breast Prosthesis	1	\$130.00
50905	Breast Prosthesis	1	\$130.00
50907	Breast Prosthesis	1	\$130.00
50908	Breast Prosthesis	1	\$130.00

53105	Breast Prosthesis	1	\$30.00
53106	Breast Prosthesis	1	\$30.00
53107	Breast Prosthesis	1	\$30.00
55007	Breast Prosthesis	2 @30	\$60.00
X001X9D8EX	Wrist Brace Splint	1 - Right	\$33.00
1810019	Finger Splint	1	\$5.00
28-802605	Shoulder Immobilizer Sling	1	\$15.00
0112181D	Slipper Sox	1	\$3.00
PH58125	Slipper Sox	2 @3	\$6.00
ADC351	Penlight	2 @3	\$6.00
NV7381330	Shoelaces Elastic	1	\$12.00
7981030	Deluxe Tennis Elbow	1	\$16.00
0814-4726	Frazer Wrist Brace	1 - XXL Right	\$69.00
7989078	Female Rib Belt	1	\$25.00
6357	Female Rib Belt	1	\$20.00
0814-5413	Cinch Lock Brace	1 - Medium LT (11")	\$69.00
0814-5415	Cinch Lock Brace	1 - XL LT (11")	\$69.00
0814-5423	Cinch Lock Brace	1 - Medium RT (11")	\$69.00
50002233	Akle F8 Brace	1 - Medium	\$69.00
L1902	Swede Ankle Brace	3 - Large @69	\$207
0814-5703	Extensor Neoprene - Calf Support	3 - Medium @30	\$90.00
0814-5704	Extensor Neoprene - Calf Support	2 - Large @30	\$90
1312305	Universal Gel Air Ankle	1	\$60.00
79-72280	Tulis Heel Cups	1 - Regular	\$5.00
138-0120	T.E.D. Anti-Embolism Stocking Knee Length	1- Large	\$15.00
BI111455	Jobst Anti-Embolism Stocking Thigh High	1 - Medium	\$16.00
687115	T.E.D. Anti-Embolism Stocking Knee Length	1 - Medium	\$15.00
2160885	T.E.D. Anti-Embolism Stocking Knee Length	1 - Size A - Small	\$15.00
2118529	T.E.D. Anti-Embolism Stocking Knee Length	1 - Size B - Small	\$15.00
1923127	3M Futuro Therapeutic Mild Diabetes Socks	2 - Medium @15	\$30.00
1691278	3M Futuro Therapeutic Mild Diabetes Socks	1 - Large	\$15.00
	TW Theraputic Men's Dress Socks	2 - Small (15-20mmHg) @5	\$10.00
1714963	3M Futuro Restoring Men's Dress Socks	1 - Xlarge (20-30mmHg)	\$25.00
1901362	3M Futuro Revitaling Men's Dress Socks	1 - Medium (15-20mmHg)	\$25.00

3900206	3M Futuro Men's Dress Socks	1 - Medium (15-20mmHg)	\$20.00
3900172	3M Futuro Men's Dress Socks	1 - Medium (20-30mmHg)	\$20.00
1917236	3M Futuro Women's Sheer Knee Highs	1 - Medium (8-15mmHg)	\$20.00
3900248	3M Futuro Women's Sheer Knee Highs	1 - Medium (15-20mmHg)	\$20.00
SG972CML099	Dynaven Open Toe Compression Socks	1 - M/L (20-30mmHg)	\$73.00
BI110835	Jobst Sensifoot Diabetic Crew Sock	1 - Xsmall	\$20.00
BI110832	Jobst Sensifoot Diabetic Knee Sock	1 - Medium	\$20.00
BI110833	Jobst Sensifoot Diabetic Knee Sock	2 - Large @20	\$40.00
BI110834	Jobst Sensifoot Diabetic Knee Socks	1 - Xlarge	\$20.00
3455599	Sunmark Women's Casual Compression Sock	1 - Large (10-20mmHg)	\$25.00
3455581	Sunmark Women's Casual Compression Sock	1 - Medium (10-20mmHg)	\$25.00
3455540	Sunmark Women's Casual Compression Sock	2 - Medium (15-20mmHg) @25	\$50.00
	TW Anti Embolism Closed Toe Stockings	1 - Small (18mmHg)	\$5.00
	TW Anti Embolism Open Toe Stockings	1 - Small (18mmHg)	\$5.00
519400	T.E.D. Anti-Embolism Thigh High	1 - Small	\$35.00
3427903	T.E.D. Anti-Embolism Knee	1 - Medium	\$20.00
114651	Jobst Relief Thigh High Compression	1 - Xlarge (30-40mmHg)	\$109.00
114213	Jobst Relief Thigh High Compression	1 - Medium (20-30mmHg)	\$109.00
114621	Jobst Relief Knee High Compression	2 - Medium (20-30mmHg) @60	\$120.00
114630	Jobst Relief Knee High Compression	2 - Small (30-40mmHg)	\$60.00
114631	Jobst Relief Knee Compression	1 - Medium (30-40mmHg)	\$60.00
121465	Jobst Knee Compression	2 - Small (30-40mmHg) @75	\$150.00
115409	Jobst Men's Thigh High Compression	1 - Medium (20-30mmHg)	\$109.00
3247673	Jobst Men's Dress Knee Compression	1 - Large (8-15mmHg)	\$20.00
55910	Therafirm Ease Patterened Compression	1 - Small (15-20mmHg)	\$34.00
55922	Therafirm Ease Patterened Compression	1 - Medium (15-20mmHg)	\$34.00
11762	Core-Spun Patterened Compression	1 - Small (15-20mmHg)	\$34.00
37420	Therasport Compression	1 - Medium (15-20mmHg)	\$45.00
37423	Therasport Compression	1 - Medium (15-20mmHg)	\$45.00
37413	Therasport Compression	1 - Small (15-20mmHg)	\$45.00
37436	Therasport Compression	1 - Large (15-20mmHg)	\$45.00
37446	Therasport Compression	1 - Xlarge (15-20mmHg)	\$45.00
37447	Therasport Compression	1 - Xlarge (15-20mmHg)	\$45.00
12762	Core Spun Patterened Compression	1 - Small (15-20mmHg)	\$34.00

11772	Core Spun Patterened Compression	1 - Medium (15-20mmHg)	\$34.00
11782	Core Spun Patterened Compression	1 - Large (15-20mmHg)	\$34.00
17442	Core Spun Compression	2 - Xlarge (15-20mmHg)	\$38.00
17731	Core Spun Compression	1 - Large (15-20mmHg)	\$38.00
17711	Core Spun Compression Socks	1 - Small (15-20mmHg)	\$38.00
17411	Core Spun Compression Socks	1 - Small (15-20mmHg)	\$38.00
17721	Core Spun Compression Socks	2 - Medium (15-20mmHg) @38	\$76.00
17421	Core Spun Compression Socks	1 - Medium (15-20mmHg)	\$38.00
17431	Core Spun Compression Socks	1 - Large (15-20mmHg)	\$38.00
17142	Core Spun Compression Socks	1 - Xlarge (15-20mmHg)	\$38.00
17441	Core Spun Compression Socks	1 - Xlarge (15-20mmHg)	\$38.00
17741	Core Spun Compression Socks	1 - Xlarge (15-20mmHg)	\$38.00
18711	Core Spun Compression Socks	2 - Small (20-30mmHg) @45	\$90.00
18721	Core Spun Compression Socks	1 - Medium (20-30mmHg)	\$45.00
18741	Core Spun Compression Socks	2 - Xlarge (20-30mmHg) @45	\$90.00
64210	Ease Compression Socks	2 - Small (20-30mmHg) @54	\$108.00
50020	Ease Compression Socks	2 - Medium (20-30mmHg) @54	\$108.00
50030	Ease Compression Socks	2 - Large (20-30mmHg) @54	\$108.00
52185	Ease Compression Socks	1 - Large (20-30mmHg)	\$54.00
51437	Ease Compression Socks	1 - Large (20-30mmHg)	\$54.00
50220	Ease Thigh High Compression Socks	1 - Medium (20-30mmHg)	\$95.00
50210	Ease Thigh High Compression Socks	1 - Small (20-30mmHg)	\$95.00
52410	Ease Thigh High Compression Socks	1 - Small (15-20mmHg)	\$48.00
53020	Ease Compression Socks	1 - Medium (15-20mmHg)	\$54.00
E510305	Advance Diabetic Insole	1 - Xlarge	\$25.00
E510202	Advance Diabetic Insole	1 - Small	\$25.00
E510301	Advance Diabetic Insole	1 - Xsmall	\$25.00
E510303	Advance Diabetic Insole	1 - Medium	\$25.00
E510104	Advance Diabetic Insole	1 - Large	\$25.00
E510105	Advance Diabetic Insole	1 - Xlarge	\$25.00
B00268XJMU	Powerstep Insole	1	\$60.00
B000KPMXO	Powerstep Insole	1	\$60.00
S001-01A	Powerstep Insole	2 @45	\$90.00
B00268XJMU	Powerstep Insole	1	\$45.00

5001-01B	Powerstep Insole	2	\$50.00
P1305	Front Wheel Walker	1	\$129.00
ZCHCWAL0010B	Bariatric Front Wheel Walker	1	\$139.00
C410BK	Quad Cane Lg Base	1 - Black	\$57.00
X002LYONV5	Walking Cane	1 - Blue Flower	\$42.00
BOOOCsqJ96	Aluminum Cane	1 - Tiny Flower	\$30.00
259-3424	Walking Cane	1 - Black with Flowers	\$20.00
X002LOQXHH	Folding Walking Cane Royal Blue	1 - Royal Blue	\$26.00
X002YGV7AL	BeneCane Collapsible	1 - Turq/Blue	\$40.00
MNTMP99080	Alex Suspension Tritip Flexible	1	\$26.00
207-7345	Cane Strap	2 - Pink Rhinestone @8	\$16.00
6451010359907	Pre Cut Walker Balls	1 - Stars and Stripes	\$14.00
ESD5009	Sheepette Crutch Protectors	1	\$34.00
X002WIDW21	Cane Grip with Strap	1 - Black	\$20.00
3550720	Ski Glides	1 - Black (1 set)	\$9.00
FG104398	Cane/Crutch Tips	6 - 7/8" Gray @5 set	\$30.00
X002GEFCX9	Foam Handle Replacement Grip	1 - Black	\$11.00
1960871	Quadcane Replacement	1 - 2 pack	\$4.00
J11JB5582	Stair Climbing Cane	1 - Black	\$32.00
3269537	Cane Tips	3 - 1" Black @4 box	\$12.00
270-0912	McKesson Cup Holder for Front Wheeled Walker	1 - Universal	\$10.00
1833870	Walker Glide Brakes	1	\$30.00
	Tuff Caps	1 Set	\$5.00
1883891	Attachable Flashlight for Walkers Rollators	1 - Universal	\$15.00
3276912	Crutch Pads	1 Pair	\$12.00
ZCHCACP20028R	Crutch Pad Replacement	1 - Gray (pair)	\$12.00
A867-00	Folding Travel Walker	1	
1916873	Futro Ankle Support	1 - Small	\$15.00
1916899	Futro Ankle Support	1 - Large	\$15.00
72272280	Pro Care Tulis Heel Cup	1 - Regular	\$5.00
FOTP84R	Tulis Heel Cup	1 - Regular	\$30.00
FOTP84L	Tulis Heel Cup	1 - Large	\$30.00
PRF745067	ProFoot Men's Plantar Fascitis Orthotic	2 @15	\$30.00
1819960	McKesson Slip On Wrist	1 - Medium	\$15.00

182-0034	McKesson Slip On Wrist	1 - Large	\$12.00
TB279932	Tennis Elbow Strap	1	\$16.00
182-1669	Sport Aid Wrist Brace	1 - Large Right	\$30.00
1821677	Sport Aid Wrist Brace	1 - Large Left	\$30.00
1821560	Sport Aid Wrist Brace	1 - Medium Left	\$30.00
1327220	Mueller Reversible Wrist Stabilizer	2 - S/M @69	\$138.00
1327238	Mueller Reversible Wrist Stabilizer	1 - L/XL	\$69.00
2593044	Arm Sling	2 @15	\$30.00
1693035	Futuro Abdomen Support	1 - Large	\$40.00
135-4588	Scott Abdominal Binder	3 - Small @35	\$105.00
1312297	Sport Aid Abdominal Binder	2 - Small @35	\$70.00
SS4915120	Leader Abdominal Binder	1 - Large	\$29.00
SS1930LG	Scott Abdominal Binder	2 - Large @36	\$72.00
34-201	UNSTD Rib Belt	3 - Universal @35	\$105.00
1101609	Futuro Performance Knee Support	1 - Medium	\$25.00
1720044	Futuro Performance Knee Support	1 - Large	\$25.00
1926963	Futuro Knee Comfort Support with Stabilizers	1 - Large	\$25.00
1385327	Sportaid Neoprene Slip-on Knee	2 - Xlarge @25	\$50.00
SSSA9041BLU	Sportaid Neoprene Thigh/Hamstring Support	2 - Medium @50	\$50.00
271-4871	Mueller Ankle Stabilizer	2	\$40.00
215-7410	Ankle Brace with Airliners	1	\$69.00
PRF745059	Women's Plantar Fascitis	1 (6-10)	\$16.00
400-00XSLH	Gel Impact Glove	1 - Xsmall - Left	\$20.00
400-00SRH	Gel Impact Glove	1 - Small - Right	\$20.00
400 00XSRH	Gel Impact Glove	1 - Xsmall - Right	\$20.00
182-0315	Sportaid Slip-on Elbow Compression	2 - Large @12	\$24.00
1826350	Sportaid Slip-on Elbow Compression	1 - Small	\$12.00
48579	Futuro Hinged Knee Brace	1	\$69.00
1330042	Sportaid Therma Dry Patella Knee	2 - Small @50	\$100.00
1858653	Sportaid Hinged Knee Brace	1 - Xkarge	\$79.00
1858471	Sportaid Hinged Knee Brace	2 - Large @79	\$158.00
37105	Thigh Wrap	1 - Universal	\$25.00
2169936	Hinged Knee Brace	1 - Large	\$79.00
PM1RLAJ6BL	Jr. Rollator	1 - Blue	\$160.00

PM1RLAJ6BG	Jr. Rollator	1 - Burgundy	\$160.00
DRR800KDBL	Drive Rollator 6" Wheels	1 - Blue	\$129.00
ZZRWAL03	Body Med Knee Walker	1	\$280.00
19601SM	Safe Sport Compressive Elbow Sleeve	1 - Small	\$25.00
1330380	Sport Aid Tennis Elbow Sleeve	1 - Medium	\$25.00
2227312	ACE Elbow Support Mild	1 - L/XL	\$20.00
1929496	ACE Knitted Elbow Support Mild	1 - Large	\$12.00
1310549	Sportaid Deluxe Wrist Brace	1 - Medium RT	\$69.00
131448	Sportaid Deluxe Wrist Brace	1 - Large RT	\$69.00
1310614	Sportaid Deluxe Wrist Brace	1 - Small Left	\$69.00
1310499	Sportaid Deluxe Wrist Brace	1 - Medium Left	\$69.00
1310226	Sportaid Deluxe Wrist Brace	2 - Large Left @69	\$138.00
1311398	Sportaid Deluxe Wrist Brace	1 - Xlarge Left	\$69.00
2227338	ACE Arm Sling		\$15.00
2227312	ACE Elbow Support	1 - L/XL - Black	\$20.00
192-9496	ACE Elbow Support	1 - Large - White	\$12.00
99505	Pull-IT Adjustable Back Abdominal	1	\$49.00
1819655	Sportaid Back Brace	1 - 9" M/L - Black	\$49.00
SS4915153	HEMA Belt	1 - Large	\$32.00
1262930	Jumper Strap	1	\$15.00
1820877	Sportaid Slip-on Knee	1 - Large Solid	\$20.00
1821891	Sportaid Slip-on Knee	1 - Large - Blue Kneehole	\$25.00
1715168	Futuro Knee Support	1	\$12.00
NV439T-R	Walker Tray	1	\$20.00
KHPKCMPRC	Foam Ring Cushion	1	\$20.00
HFFW40705	Foam Wedge Support Cushion	1	\$40.00
	Knee Pillow	1	\$15.00
3551066	Foam Lumbar Drive Support Cushion	2 @22	\$44.00
2596724	McKesson Lumbar Support Cushion	1	\$20.00
BO9JCPL52T	Mr. Pen Lumbar Support Pillow	1	\$28.00
3674108	Drive Grab Bar	1 - 12"	\$20.00
ZCHCGBW0016R	Cardinal Health Grab Bar	1 - 16"	\$20.00
AMZ8718	Moen Grab Bar	1 - 18"	\$44.00
AMZ8912	Moen Grab Bar	3 - 12" @32	\$96.00



AMZ8724	Moen Grab Bar	2 - 24"@38	\$76.00
3216223	McKesson Grab Bar	1 - Chrome - 18"	\$20.00
3753167	McKesson Grab Bar	1 - White - 18"	\$20.00
6455119661900	Bed Assist Rail	1	\$85.00
PM1BSTB	Transfer Bench	2 @100	\$200.00
X0033ZR73X	Wefaner Comfort Wipes	1	\$18.00
3674157	Drive Handy Grabber	1 - 28"	\$18.00
375-3183	McKesson Grab Bar - Bath Tub	1	\$40.00
ZEWUAM710	Blood Pressure Monitor	2 @54	\$108.00
A7059842	Withings Smart Blood Pressure Monitor	1	\$80.00
ADC8506022NX	Blood Press Cuff	1 - Large	\$40.00
27122	Sprague Diaphragm Stethoscope Replacement	1	\$2.00
X00GNOGZN	Tru Medic Elec.Tens Massager	1	\$55.00
FUDI1010	Intensity 10 Tens Massager	1	\$95.00
CH42171	Dura-Stick Self-Adhesive Electrodes	2" round pack of 4	\$11.00
ZRMD300C29	OxyWatch Pulse Oximeter	1	\$50.00
70581	Digital Therometer	2 @15	\$30.00
2261121	Therabeads Moist Heat	1	\$30.00
2245454	Hot Cold Wrap	1 - Xlarge	\$30.00
COSBE1833C	Sea Turtle Cold Pack	2 @12	\$24.00
55102	Instant Cold Pack	1 - Medium (6" x 65")	\$1.00
5511440900	Instant Cold Pack	1 - Large (6" x 9")	\$1.00
1797026	Moist Heat Thermotherapy	1	\$18.00
63262241922Z	Posture Corrector	1	\$32.00
KAXPK143W24	DynaFilter	1	\$10.00
328791	Hand Sanitizer	25 - 500ml @15	\$375
1983765	Hand and Surface Sanitizer	2 - Gallon @40 per ga	\$80.00
	N95 Masks	6@3 for \$10	\$60.00
2714129	No-Rinse Body Bath	1 - 16oz.	\$5.00
1263961	Lamp Switch Turner	1	\$2.00
1157510	Blistex	1 - .35 Tube	\$3.00
2073237	Blistex Nurture & Nourish Stick	2 - .15 sticks @2 ea	\$4.00
	Replacement Commode Seat	1	\$20.00
	KN95 Masks	10\$7.00 each@	\$70.00



BOOUN115F8	Sock Aid with Handles	2 @11	\$22.00
1844596	Carex Sock Aid	1	\$17.00
1933704	DMI Deluxe Sock Aid	2 @15	\$30.00
E01504	Arion Easy Slide Sock Aid	1	\$45.00
A754-41	Sammons Preston Compression Stocking Aid	1 - Large	\$27.00
BOONHOXG7E	Theracane Deep Pressure Massager	1	\$60.00
X00217RT5Z	Body Back Massager	1	\$60.00
1996628	Sunmark Slant Tip Tweezer	1	\$2.00
3710969	Apex Micro Fiber Cloth	1	\$2.00
ISG5940490	Invacare Zipper & Button Puller	1	\$5.00
1982727	Sunmark Ear Plugs	2 @5	\$10.00
EN17	Carex Jar Opener	1	\$6.00
1266170	Carex Doorknob Grips	2 @6	\$12.00
1340223	Medical Alert Necklace	1	\$9.00
2279735	Ezy Dose Weekly Pill Planner	2 - Small @2	\$4.00
2279792	Ezy Dose Weekly Pill Planner	2 - Large	\$4.00
3278934	Acu-Life Pill Crusher	3@2	\$6.00
378-2513	Ezy Dose Keychain Pill Container	1 - Xlarge	\$9.00
199-3492	Foam Toe Bandages	1 - Small, Medium & Large (1 set)	\$6.00
199-3301568	Profoot Toe Bandages	1	\$6.00
1723881	PediFix Toe Spacers	1	\$5.00
1698737	ProFoot Toe Protector	1	\$5.00
226-4992	Moleskin Plus Padding	2 @3	\$6.00
AMTAN	HealthSmart Coiler Shoe Laces	1	\$3.00
AMBLACK	HealthSmart Coiler Shoe Laces	2 @3	\$6.00
64090040002	HealthSmart Coiler Shoe Laces	1	\$3.00
	VENOSAN Gloves for Donning & Doffing Compression Socks	1	\$12.00
ISG5914771	Invacare Mealtime Protector	2 @12	\$24.00
DX4521	Suture Removal Kit	1	\$6.00
6000BDL	Juzo Compression Wrap	1 - Xlarge (Calf)	\$109.00
X002BEPICB	Hook and Loop Tape	1 - Box or \$1.00/inch	\$27.00
TB22120	Thera Bands	2 @15	\$30.00
X000XZEHMZ	Fit Simplify Exercise Band	1	\$26.00
185-5204	Cervical Collar	2 @10	\$20.00

112-0278	Futuro Cervical Collar	1	\$22.00
217 4076	Curad Heel & Elbow Protector	1	\$15.00
ZGHEPLRGZGHEP	ReliaMed Heel & Elbow Protector	1 - Large	\$20.00
ZGHEPLRGZGHEP	ReliaMed Heel & Elbow Protector	1 - Xlarge	\$20.00
1303	Dual Luman Cannula Airlife Oxygen Tubing	5 - 14'	\$5.00
1119	Dual Luman Cannula Star Lumen Tubing	4 - 25ft @5	\$20.00
1830	Dual Luman Cannula	20 - 5' @5	\$100.00
1107	Cannula with connector	1 - 7'	\$5.00
1925	Cannula Star Lemen Tubing	10 - 7' @5	\$50.00
9996-1	Oxygen Tubing with connector	9 - 1' @5	\$45
16 Soft - 7 (1600)	Cannula	26 - 7' @5	\$130.00
1104	Cannula	1 - 4'	\$5.00
385	Pedi Neb	2 @5	\$5.00
AG56506	Neb Filters - Filter Kit	3 @5	\$14.00
3655LT-601	Neb Filters - Filter	7 - 5pk @5	\$35.00
AG3655	Filter	6 - 5pk @5	\$5.00
AF167	Filter	2 - 10pk	\$5.00
1083	Adult Aerosol Mask	5	\$5.00
921080	Pediatric Aerosol Mask	10	\$3.50
1225	Swivel Connector	2 @5	\$10.00
440	EarMates	8 - Ear Protectors @1	\$8.00
1016	EZ Wrap Ear Foam Tubes	8 - Ear Protectors	\$16.00
64597	Water Trap	10 @6	\$60.00
1861	Water Trap	9 @6	\$54.00
2016-02	Airway Connector	7 @30	\$210.00
AG66079	Oxygen Wrench	1	\$8.00
RES1000	Oxygen Accessory Kit	2 @18	\$16.00
1220	Oxygen Connector	18 @1	\$18
921642	Pressure Line Adapters	12 @8	\$96.00
2025G-25	Oxygen Tubing	4 - 25' @5	\$20.00
589	Cannula	1 - 25'	\$5.00
921814	Cannula	7 - 50' @5	\$35.00
64234	Tubing	2 - 50' @10	\$20.00
1606-0	Nasal Cannula without tube	34 @5	\$170.00

2002G7	Oxygen Tubing	3 @5	\$15.00
7600-0	Humidifiers	7 @12	\$84.00
64375	Humidifiers	7 @12	\$84.00
7100-0	Humidifiers	2 @12	\$24.00
1142687	CPAP Filters	10 @4	\$40.00
1142829	CPAP Filters	12 - 2pk @4	\$24.00
5964	CPAP Filters	3 - 2pk @4	\$12.00
900150	CPAP Filters	5@5	\$25.00
1122446	CPAP Filters	10 @5	\$50.00
1122518	CPAP Filters	24 - 2pk @4	\$96.00
33916 MED	CPAP Filters	5 - 2pk @4	\$20.00
1121498	CPAP Filters	1	\$4.00
1820	Cannula	4 - 7' @6	\$24
4904	Cannula	2 - 4' @5	\$10.00
4907	Cannula	2 - 7' @5	\$10.00
8140	Oxygen Mask with tubing	5 @10	\$50.00
64041	Oxygen Mask with tubing	3@10	\$30
1100	Cannula without tubing	9 @8	\$72.00
61400	Aeromist Nebulizer Kit	4 @26	\$104.00
1059	Oxygen Mask with tubing	5 @28	\$140.00
1051168	Non-Swivel Hose Elbow	11 @15	\$165.00
T1008104	DC Cord Replacement Fuse	4 - 7A @28	\$112.00
T532211	Power Cord Fuse	4 - 5A @22	\$88.00
T622056	DC Cord Replacement Fuse	3 - 3A @22	\$66.00
1112031	WISP CPAP Cushions	14 - Xlarge	\$50.00
1094088	WISP CPAP Cushions	6 - Large	\$50.00
1116743	DreamWear Nasal CPAP Cushions	9 - Large	\$50.00
1105173	Gel Pillows	1 - Small	\$65.00
10405	Forearm Crutches	2 - Adult Tall @130.00	\$260.00
	Bed Hospital	1	\$900.00
	Sheepskin Decubitus Pad	1	\$60.00
64806060	Heavy Duty Crutches	1	\$60.00
	Heavy Duty Crutches	1 - Adult Bariatric	\$150.00
	Gauze Sponges	1 - Tall Bariatric	\$150.00

	Alcohol Prep Pads	25 - 4x4@1	\$25.00
	Infinity Interlite	<u>800@.05</u>	\$40.00
	Tubing	1	\$1,000.00
	Mic-key Feed Extension Set	4 @25	\$100.00
	Infinity Feeding Pump	2 @264.00	\$528.00
	VitalCough System	15 @20	\$120.00
	Coloplast Catheters 16 fr Indwelling	30-16 fr @2	\$60
8311554	Sponge Q-Tips	<u>50-@.50</u>	\$25.00
	Syringe Slip Tip	40-60 ml (1 case)	\$25.00
	Syringe Slip Tip	40 - 50ml (1 case)	\$25.00
	External Syringe Tip Cap	40 - 60ml (1 case)	\$25.00
	Saline Single Dose Vials	100 - 60ml	\$15.00
	Solution Bowl	200 @	\$35.00
61000		25 @1	\$ 25.0
	Oxygen Regulators	<u>70@192.20 13,454</u>	\$13,454.00
	Oxygen Tanks Small	<u>78@ \$106 ea</u>	8,268.00
	Oxygen Tanks Med	17 @ 124 ea	\$2,108.00
	Oxygen Tanks Large	117 @116	\$13,572.00
	Oxygen Concentrators	<u>20@ \$400</u>	\$8,000
			\$57,918.50

[order@birdcronin.com](mailto:order@birdcronin.com)

We are very sorry to announce that MyMedMart will be closing its doors on April 1, 2023. We have been honored to work with you, but we have not been able to overcome the tragedy of COVID and the losses we experienced over the past couple years. Declining reimbursements and high costs have taken their toll.

We would like to return the product inventory so we could reduce our debt burden. I am sending invoices and asking for shipping labels and return authorization. For information or questions, please contact us.

Sincerely,

Maureen Seamonds, President



**MyMedMart**

Maureen Seamonds  
909 Willson Avenue  
Box 215  
Webster City, Iowa 50595  
Ofc 515-832-4849  
[www.mymedmart.com](http://www.mymedmart.com)

## Invoice

Bird and Cronin  
Department 3771  
PO Box 123771  
Dallas, TX 75312-3771

We are returning the following inventory :

INVOICE # 1176548

1 AirTrio Shell Ankle Walker LG/X 49.90  
2 Cinch Lock Brace 8" MD RT 7.30 14.60  
2 Premier Wrist w/ Thumb LG LT 11.45 22.90  
1 Swede-O INNERLOK 8 BLACK SM 39.95  
1 Swede-O INNERLOK 8 BLACK MD 39.95

INVOICE # 1183483

2 PREMIER WRIST W/THUMB SM RT 12.50  
2 PREMIER WRIST W/THUMB MD RT 12.50  
1 PREMIER WRIST W/THUMB LG RT 12.50  
1 PREMIER WRIST W/THUMB MD LT 12.50  
1 F8X ANKLE SUPPORT W/STAYS XS 21.00  
1 F8X ANKLE SUPPORT W/STAYS SM 21.00  
2 AIR TRIO SHELL ANKLE WALKER LG/X 53.40 213.60  
1 POST-OP SHOE DLX 2 MALE SM 10.50  
3 POST -OP SHOE DLX 2 MALE MD 10.50 31.50  
2 POST -OP SHOE DLX 2 MALE LG 10.50 21.00  
1 POST -OP SHOE DLX 2 MALE XL 10.50

INVOICE # 1185144

2 SHOULDER IMMOBLIXER UNIV 17.00 34.00  
1 F8XANKLE SUPPORT W/STAYS MD 21.00  
1 F8XANKLE SUPPORT W/STAYS LG 21.00  
1 AIR TRIO SHELL WALKER LOW TOP L 53.40  
2 AIR TRIO SHELL WALKER LOW TOP SM 53.40 106.80  
4 AIR TRIO SHELL WALKER LOW TOP M 53.40 213.60  
1 PREMIER WRIST W/THUMB SM LT 12.50  
1 PREMIER WRIST W/THUMB MD RT 12.50

INVOICE #1189174

3 ENVELOPE STYLE ARM SLING LG 4.30  
1 TRI PANEL KNEE IMMOBILIZER 30" BLK 22.70  
1 POST-OP SHOE DLX 2 MALE SM 10.50

1 POST-OP SHOE DLX 2 MALE LG 10.50  
1 POST-OP SHOE DLX 2 FEMALE LG 10.50

INVOICE # 1191004

3 ENVELOPE STYLE ARM SLING SM 4.30 1290  
2 ENVELOPE STYLE ARM SLING MD 4.30 8.60  
1 ENVELOPE STYLE ARM SLING LG 4.30  
1 ENVELOPE STYLE ARM SLING XL 4.30  
1 PREMIER WRIST W/THUMB SM LT 12.50  
1 PREMIER WRIST W/THUMB MD RT 12.50  
2 F8XANKLE SUPPORT W STAYS SM 21.00  
1 F8XANKLE SUPPORT W STAYS XL 21.00  
1 POST-OP SHOE DLX 2 MALE SM 10.50  
3 POST-OP SHOE DLX 2 MALE MD 10.50 31.50  
3 POST-OP SHOE DLX 2 MALE LG 10.50 31.50  
1 AIR TRIO SHELL WALKER LOW TOP S \$53.40  
1 AIR TRIO SHELL WALKER LOW TOP M \$53.40  
1 AIR TRIO SHELL WALKER LOW TOP SM \$53.40  
2 AIR TRIO SHELL WALKER LOW TOP MD \$53.40 \$106.80  
1 AIR TRIO SHELL WALKER LOW TOP LG/X \$53.40

INVOICE # 119044

1 ASPEN COLLAR ADULT SHORT 48.20  
1 TRI-PANEL KNEE INMMOB 20" BLK 22.70  
1 ENVELOPE STYLE ARM SLING XS 4.30  
2 ENVELOPE STYLE ARM SLING MD 4.30 8.60  
2 LEVEL RITE HEEL LIFT LG 10.30 20.60  
1 AIR TRIO SHELL ANKLE WALKER MD 53.40  
2 AIR TRIO SHELL ANKLE WALKER LG/X 53.40 106.80

INVOICE # 1196380

3 PREMIER WRISTW/THUMB SM LT 12.50 37.50  
1 PREMIER WRISTW/THUMB D LT 12.50

1 PREMIER WRISTW/THUMB SM RT 12.50  
2 F8X ANKLE SUPPORT W/STAYS SM 21.00 42.00  
1 F8X ANKLE SUPPORT W/STAYS LG 21.00  
2 AIR TRIO SHELL ANKLE WALKER MD 53.40 106.80  
1 POST-OP SHOE DLX 2 MALE XL 10.50

INVOICE # /??? 05/23/22

2 AIR TRIO SHELL ANKLE WALKER LOW TOP M 49.90 99.80  
2 AIR TRIO SHELL ANKLE WALKER SM 49.90 99.8  
2 AIR TRIO SHELL ANKLE WALKER M 49.90 99.80  
2 AIR TRIO SHELL ANKLE WALKERLG/X 49.90 99.80  
1 PREMIER WRIST W/THUMB MD RT 11.45  
3 ENVELOPE STYLE ARM SLING MD 4.00 12.99  
1 ENVELOPE STYLE ARM SLING LG 4.00  
2 TRI-PANEL KNEE IMMOM 20" BLK 21.20 42.40  
1 POST-OP SHOE DLX 2 MALE XL 9.95  
1 POST-OP SHOE DLX 2 FEMALE LG 9.95

Thank you.

Maureen Seamonds



**MyMedMart**

info@mymedmart.com



**Fill in this information to identify the case:**

Debtor name E-MedMart, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name E-MedMart, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<p>Nonpriority creditor's name and mailing address</p> <p><b>Accendo Insurance Co.</b>  <b>151 Farmington Ave.</b>  <b>Hartford, CT 06156</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p><b>Administrative Concepts</b>  <b>PO Box 4000</b>  <b>Collegeville, PA 19426</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p><b>Aetna Coventry</b>  <b>601 W. 11th</b>  <b>Coffeyville, KS 67337</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.4	<p>Nonpriority creditor's name and mailing address</p> <p><b>American Board of Certification</b>  <b>330 John Carlyle Street Ste. 210</b>  <b>Alexandria, VA 22314</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	E-MedMart, Inc.		Case number (if known)
	Name		
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>American Continental</b> <b>PO Box 14770</b> <b>Lexington, KY 40512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>American Republic</b> <b>PO Box 21670</b> <b>Saint Paul, MN 55121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Amerigroup</b> <b>PO Box 61010</b> <b>Virginia Beach, VA 23466</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Anthem Blue Cross and Blue Shield</b> <b>PO Box 105187</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>ARI Network Services, Inc.</b> <b>120 W Second St.</b> <b>Duluth, MN 55802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Website Hosting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.59</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Auto Owners Insurance</b> <b>PO Box 740312</b> <b>Cincinnati, OH 45274-0312</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8697</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Auxiant Midlands</b> <b>PO Box 5809</b> <b>Troy, MI 48007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Availability</b> <b>5555 Gate Parkway Ste. 110</b> <b>Jacksonville, FL 32256</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Banker's Fidelity</b> <b>PO Box 105652</b> <b>Atlanta, GA 30348</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.14	<b>Nonpriority creditor's name and mailing address</b> <b>BCBS of Iowa</b> <b>PO Box 9232</b> <b>Des Moines, IA 50306</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Bird and Cronin LLC</b> <b>1200 Trapp Rd.</b> <b>Saint Paul, MN 55121</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Returned inventory of \$1,835.21 for credit of \$1,649.06 (less 15% restock fee and \$120 shipping)</b></u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$2,946.02</b>
------	--	--	-------------------

---

3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Black Hills Energy</b> <b>PO Box 7966</b> <b>Carol Stream, IL 60197-7966</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,270.14</b>
------	---	---	-------------------

---

3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One Spark Business</b> <b>PO Box 4069</b> <b>Carol Stream, IL 60197-4069</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Credit Card</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,662.07</b>
------	---	--	--------------------

---

3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health at-Home</b> <b>fka RGH Enterprises, Inc.</b> <b>PO Box 635864</b> <b>Cincinnati, OH 45263-5864</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Products</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,369.75</b>
------	--	---	--------------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

  

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Centene Corporation</b> <b>7700 Forsyth Rd.</b> <b>Saint Louis, MO 63101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Centers for Medicare &amp; Medicaid Services</b> <b>7500 Security Blvd.</b> <b>Windsor Mill, MD 21244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Appeals</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Century Link</b> <b>PO Box 2956</b> <b>Phoenix, AZ 85062-2956</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$227.98</b>
<hr/>			
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna MCR Supplement</b> <b>PO Box 26580</b> <b>Austin, TX 78755</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>City of Webster City</b> <b>400 2nd St.</b> <b>PO Box 217</b> <b>Webster City, IA 50595-0217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$389.04</b>
<hr/>			
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>CJ Moyna &amp; Sons</b> <b>24412 1A-13</b> <b>Elkader, IA 52043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<hr/>			
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Crestview Nursing and Rehab</b> <b>2401 Des Moines St.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>E-MedMart, Inc.</b> Name	Case number (if known) _____
--------	--------------------------------	------------------------------

  

3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Deluxe Checks and Envelopes</b> <b>PO Box 4656</b> <b>Carol Stream, IL 60197-4656</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Dentons Davis Brown PC</b> <b>215 10th St, Suite 1300</b> <b>Des Moines, IA 50309-3993</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Invoice #1535137 for April 2023 services plus May services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,354.50</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Don Seamonds</b> <b>2623 Timberlane Trail</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred <u>May 6, 2022 - January 3, 2023</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unsecured Loans</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,300.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>EMC Insurance</b> <b>PO Box 717</b> <b>717 Mulberry</b> <b>Des Moines, IA 50303</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Fitzgerald Industries</b> <b>1903 Tabor Avenue</b> <b>Manson, IA 50563</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Fredrikson &amp; Byron, P.A.</b> <b>200 S 6th St., Suite 4000</b> <b>Minneapolis, MN 55402</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Legal Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,802.18</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Gerber Life Insurance Co.</b> <b>PO Box 2271</b> <b>Omaha, NE 68103</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Gordon Flesch Company, Inc.</b> <b>aka GFC Leasing</b> <b>PO Box 2290</b> <b>Madison, WI 53701</b> Date(s) debt was incurred <u>4-8-2020</u> Last 4 digits of account number <u>8431</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Printer Leases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,197.52</b>
------	--	--	--------------------

---

3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Great Southern Life Ins. Co.</b> <b>PO Box 10814</b> <b>Clearwater, FL 33757</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Public Health</b> <b>1610 Collins, Suite One</b> <b>Webster City, IA 50595</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Sheriff Work Comp.</b> <b>2300 Superior St. Ste. 8</b> <b>Webster City, IA 50595</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton County Treasurer's Office</b> <b>2300 Superior St. #7</b> <b>Webster City, IA 50595</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Van License Plate #CTF512</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$251.00</b>
------	---	---	-----------------

---

3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Hawkeye Pest Control</b> <b>1795 Park Circle</b> <b>Clarion, IA 50525</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.39	<b>Nonpriority creditor's name and mailing address</b> <b>HealthPartners</b> <b>8170 33rd Ave. S</b> <b>Minneapolis, MN 55425</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Heartland National</b> <b>PO Box 11903</b> <b>Winston Salem, NC 27116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Humana Gold Care</b> <b>Attn: Claims</b> <b>PO Box 8030</b> <b>Farmington, MO 63640</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Independence Medical</b> <b>1810 Summit Commerce Park</b> <b>Twinsburg, OH 44087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Inogen</b> <b>600 Shiloh Rd.</b> <b>Plano, TX 75074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Invacare Corporation</b> <b>1 Invacare Way</b> <b>Elyria, OH 44035-4190</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services - credit \$36.99</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$0.00</b>
------	--	---	---------------

---

3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Board of Pharmacy</b> <b>400 S.W. 8th St. Ste. E</b> <b>Des Moines, IA 50309-4688</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Iowa Total Care</b> <b>1080 Jordan Creek Pkwy, Suite 100</b> <b>West Des Moines, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------



Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.47	<b>Nonpriority creditor's name and mailing address</b> <b>J &amp; D Computers</b> <b>312 E 1st St.</b> <b>Grimes, IA 50111</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,407.00</b>
------	---	--	-------------------

---

3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Juzo</b> <b>PO Box 1088</b> <b>Cuyahoga Falls, OH 44223</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.49	<b>Nonpriority creditor's name and mailing address</b> <b>K.C. Nielsen Ltd.</b> <b>223 Herman St.</b> <b>Woolstock, IA 50599</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Knit-Rite, Inc.</b> <b>120 Osage Avenue</b> <b>Kansas City, KS 66105</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59.13</b>
------	---	--	----------------

---

3.51	<b>Nonpriority creditor's name and mailing address</b> <b>KR Employment LLC</b> <b>2818 NW 25th St.</b> <b>Ankeny, IA 50023</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Lake Court Medical Supplies</b> <b>27733 Groesbeck Hwy</b> <b>Roseville, MI 48066</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Lumen Work Comp</b> <b>925 High Street</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Maureen Seamonds</b> <b>2623 Timberlane Trail</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred <u>Various dates from October 5, 2021 to June 2, 2023</u>  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unsecured Loans</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$159,528.90</b></u>
------	--	---	----------------------------

---

3.55	<b>Nonpriority creditor's name and mailing address</b> <b>McKessson Medical Supplies</b> <b>6555 State Hwy 161</b> <b>Irving, TX 75039</b>  Date(s) debt was incurred _____  Last 4 digits of account number <u>4683</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Contract</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	---	--	-----------------------

---

3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Medica</b> <b>PO Box 981647</b> <b>El Paso, TX 79998</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	---	--	-----------------------

---

3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Assoc. Comm. Plan</b> <b>1605 Associate Dr.</b> <b>Dubuque, IA 52002</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	---	--	-----------------------

---

3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Medicare Aetna</b> <b>PO Box 981106</b> <b>El Paso, TX 79998</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	---	--	-----------------------

---

3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Medicare DMERC Region D - CEDI</b> <b>PO Box 6727</b> <b>Fargo, ND 58106</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	---	--	-----------------------

---

3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Medicare UHC/AARP</b> <b>PO Box 30995</b> <b>Salt Lake City, UT 84130</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
------	--	--	-----------------------

Debtor	<b>E-MedMart, Inc.</b> <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Meritain Health</b> <b>1405 Xenium Ln N #140</b> <b>Minneapolis, MN 55441</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Midlands Choice</b> <b>8420 W Dodge St. Ste. 21</b> <b>Omaha, NE 68114-3459</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Molina Healthcare</b> <b>3000 Corporate Exchange Drive</b> <b>Columbus, OH 43231</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.64	<b>Nonpriority creditor's name and mailing address</b> <b>MyMedMartCBD, LLC</b> <b>723 Seneca St.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unsecured Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,672.75</b>
------	--	--	-------------------

---

3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Newcastle Chase LLC</b> <b>723 Seneca St.</b> <b>Webster City, IA 50595-2225</b>  Date(s) debt was incurred <u>May 2023</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Claim formerly held by Availa Bank</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,393.72</b>
------	---	--	--------------------

---

3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Newcastle Properties LLC</b> <b>723 Seneca St.</b> <b>Webster City, IA 50595-2225</b>  Date(s) debt was incurred <u>May 2023</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Claim formerly held by Availa Bank</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,606.28</b>
------	--	--	--------------------

---

3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Noridian Healthcare Solutions, LLC - JD</b> <b>Attn. Appeals</b> <b>900 42nd. St. S</b> <b>Fargo, ND 58103</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Appeals</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Omaha Insurance Company</b> <b>3300 Mutual Of Omaha Plaza</b> <b>Omaha, NE 68175</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Philips RS North America LLC</b> <b>f/k/a Respirationics, Inc.</b> <b>6501 Living Place</b> <b>Pittsburgh, PA 15206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.36</b>
------	---	--	----------------

---

3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Platinum Connect</b> <b>620 2nd St. Ste. 2</b> <b>PO Box 665</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Pride Mobility Products Corp.</b> <b>401 York Ave.</b> <b>Duryea, PA 18642-2025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services - credit \$143.45</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$0.00</b>
------	--	--	---------------

---

3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Priority Health</b> <b>PO Box 269</b> <b>Grand Rapids, MI 49501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Solutions</b> <b>14001 University Avenue</b> <b>Clive, IA 50325-8258</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card Processor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Progressive</b> <b>PO Box 6807</b> <b>Cleveland, OH 44101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.75	<b>Nonpriority creditor's name and mailing address</b> <b>ResMed Corp.</b> <b>9001 Spectrum Center Blvd.</b> <b>San Diego, CA 92123</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.79</b>
------	--	--	-----------------

---

3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Rhythm Healthcare</b> <b>3200 Tyrone Blvd. N</b> <b>Saint Petersburg, FL 33710</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Secura Insurance</b> <b>PO Box 14874</b> <b>Lexington, KY 40512</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Selective Insurance</b> <b>PO Box 782747</b> <b>Philadelphia, PA 19178</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Seneca Foundry Inc.</b> <b>240 Mackinlay Kantor Dr.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.80	<b>Nonpriority creditor's name and mailing address</b> <b>State Farm Group Medical</b> <b>PO Box 339403</b> <b>Greeley, CO 80633</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Stein Heating &amp; Cooling</b> <b>1120 E Second St.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle Shred-it</b> <b>28883 Network Place</b> <b>Chicago, IL 60673-1288</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$97.42</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.83	<b>Nonpriority creditor's name and mailing address</b> <b>TeamDME!</b> <b>750 Old Hickory Blvd.</b> <b>Ste. 1-285</b> <b>Brentwood, TN 37027-4528</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$250.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Billing Services</b></u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
------	---	---

---

3.84	<b>Nonpriority creditor's name and mailing address</b> <b>The Hartford</b> <b>PO Box 14170</b> <b>Lexington, KY 40512</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.85	<b>Nonpriority creditor's name and mailing address</b> <b>The van Halem Group</b> <b>Attn: Sandra Gauron</b> <b>PO Box 2817</b> <b>Waterloo, IA 50701</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,088.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Consulting Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas J. Chambers</b> <b>303 Loblolly Ct.</b> <b>Myrtle Beach, SC 29572</b>  Date(s) debt was incurred <u><b>various dates</b></u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$221,521.47</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Unsecured Loans</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Tony Jones</b> <b>904 2nd St.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

---

3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Tricare for Life</b> <b>PO Box 7890</b> <b>Madison, WI 53707</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Tricare Health Net</b> <b>PO Box 202112</b> <b>Florence, SC 29502</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Tricare West</b> <b>PO Box 8999</b> <b>Madison, WI 53708</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Trulife</b> <b>2010 East High St.</b> <b>Jackson, MI 49203</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.92	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Department of Health &amp; Human Svcs.</b> <b>Office of Medicare Hearings and Appeals</b> <b>230 N. First Avenue, Suite 302</b> <b>Phoenix, AZ 85003</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Appeals</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.93	<b>Nonpriority creditor's name and mailing address</b> <b>United HealthCare</b> <b>PO Box 30555</b> <b>Salt Lake City, UT 84130</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.94	<b>Nonpriority creditor's name and mailing address</b> <b>United Medical Resources UMR</b> <b>PO Box 30541</b> <b>Salt Lake City, UT 84130</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.95	<b>Nonpriority creditor's name and mailing address</b> <b>United World</b> <b>3316 Farnam St.</b> <b>Omaha, NE 68175</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

Debtor	<b>E-MedMart, Inc.</b> Name _____	Case number (if known) _____
--------	--------------------------------------	------------------------------

---

3.96	<b>Nonpriority creditor's name and mailing address</b> <b>UPMC Comm HealthChoices</b> <b>PO Box 2995</b> <b>Pittsburgh, PA 15230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.97	<b>Nonpriority creditor's name and mailing address</b> <b>VA Healthcare</b> <b>PO Box 30780</b> <b>Tampa, FL 33604</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Van Diest Supply</b> <b>PO Box 21853</b> <b>Saint Paul, MN 55121</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Vantec LLC</b> <b>205 Closz Dr.</b> <b>Webster City, IA 50595</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	--	----------------

---

3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Webster City Utilities</b> <b>PO Box 217</b> <b>Webster City, IA 50595-0217</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-------	--	--	----------------

---

3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Wellmark</b> <b>PO Box 9232</b> <b>Des Moines, IA 50306-9232</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-------	---	--	----------------

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Allianz Trade in North America</b> <b>Collections - Accounting</b> <b>800 Red Brook Blvd.</b> <b>Owings Mills, MD 21117</b>	Line <u>3.18</u>  <input type="checkbox"/> Not listed. Explain _____	—



Debtor <b>E-MedMart, Inc.</b>		Case number (if known)
Name		
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2 <b>Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20503-0001</b>	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3 <b>Auto Owners Insurance PO Box 30315 Lansing, MI 48909-7815</b>	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4 <b>Black Hills Energy PO Box 6001 Rapid City, SD 57709-6001</b>	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	<u>8592</u>
4.5 <b>Department of Health &amp; Human Svcs. General Counsel 200 Independence Avenue, S.W. Washington, DC 20201</b>	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6 <b>DME MAC Jurisdiction D PO Box 6727 Fargo, ND 58108-6727</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7 <b>Euler Hermes Collections NA 800 Red Brook Blvd., Suite 400C Owings Mills, MD 21117</b>	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8 <b>Euler Hermes Collections NA 420 Montgomery San Francisco, CA 94104</b>	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9 <b>Fredrikson &amp; Byron, P.A. 525 Park St. Suite 225 Angora, MN 55703-2111</b>	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10 <b>HealthPartners Claims PO Box 1289 Minneapolis, MN 55440-1289</b>	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11 <b>Iowa Total Care Attn: Claims PO Box 8030 Farmington, MO 63640</b>	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12 <b>Julius Zorn, Inc. 3690 Zorn Drive Cuyahoga Falls, OH 44223</b>	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13 <b>K.C. Nielsen Ltd. 400 Closz Dr. Webster City, IA 50595</b>	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14 <b>Lake Court Medical Supplies 1400 Mark St. Elk Grove Village, IL 60007</b>	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor <b>E-MedMart, Inc.</b>		Case number (if known)
Name		
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.15 <b>Maximus Federal Services, Inc. QIC DME Project 3750 Monroe Ave., Suite 777 Pittsford, NY 14534-1302</b>	Line <u>3.92</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16 <b>Midlands Choice PO Box 1289 Minneapolis, MN 55440</b>	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17 <b>Midlands Choice 13815 FNB Parkway, Suite 250 Omaha, NE 68154</b>	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18 <b>Noridian Healthcare Solutions, LLC PO Box 511531 Los Angeles, CA 90051-8086</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19 <b>Noridian Healthcare Solutions, LLC PO Box 6713 Fargo, ND 58108-6713</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20 <b>Noridian Healthcare Solutions, LLC PO Box 6727 Fargo, ND 58108-6727</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21 <b>Noridian Healthcare Solutions, LLC Attn: Overpayment Redeterminations PO Box 6728 Fargo, ND 58108-6728</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22 <b>Noridian JD DME Attn. Appeals 900 42nd. St. S PO Box 6727 Fargo, ND 58103-2119</b>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23 <b>Palmetto GBA PO Box 100142 Columbia, SC 29202-3142</b>	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24 <b>Performant Recovery, Inc. PO Box 3568 San Angelo, TX 76902</b>	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25 <b>Philips RS North America LLC 174 Tech Center Dr., Suite 200 Mount Pleasant, PA 15666</b>	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26 <b>The van Halem Group 101 Marrietta St SW, Suite 2460 Atlanta, GA 30303</b>	Line <u>3.85</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)
	<b>E-MedMart, Inc.</b>	
	<b>Name and mailing address</b>	<b>On which line in Part1 or Part 2 is the related creditor (if any) listed?</b>
		<b>Last 4 digits of account number, if any</b>
4.27	<b>The van Halem Group 1111 W San Marnan Dr. Waterloo, IA 50701</b>	Line <b>3.85</b> <input type="checkbox"/> Not listed. Explain _____
4.28	<b>U.S. Department of Health &amp; Human Svcs. Medicare Appeals Council, MS 6127 Cohen Bldg Room G-644 330 Independence Ave., S.W. Washington, DC 20201</b>	Line <b>3.92</b> <input type="checkbox"/> Not listed. Explain _____
4.29	<b>U.S. Department of Health &amp; Human Svcs. General Counsel 200 Independence Avenue, S.W. Washington, DC 20201</b>	Line <b>3.92</b> <input type="checkbox"/> Not listed. Explain _____
4.30	<b>Wagner, Falconer &amp; Judd, Ltd. 100 South Fifth Street, Suite 800 Minneapolis, MN 55402</b>	Line <b>3.31</b> <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 575,951.34
5c.	\$ 575,951.34

Fill in this information to identify the case:

Debtor name **E-MedMart, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Website Internet Hosting Contract**

State the term remaining **August 2023**

List the contract number of any government contract \_\_\_\_\_

**ARI Network Services, Inc.  
120 W Second St.  
Duluth, MN 55802**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Monthly Contract**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Black Hills Energy  
PO Box 7966  
Carol Stream, IL 60197-7966**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Cancelled in November but still billing; received \$250 refund.**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Century Link  
PO Box 2956  
Phoenix, AZ 85062-2956**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Printer, Copier, Scanner Leases**

State the term remaining \_\_\_\_\_

List the contract number of any government contract **MAV4-8431**

**Gordon Flesch Company, Inc.  
aka GFC Leasing  
PO Box 2290  
Madison, WI 53701**

Debtor 1 **E-MedMart, Inc.**

Case number (if known)

First Name

Middle Name

Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Business Associate Agreement**

State the term remaining

List the contract number of any government contract

**Independence Medical  
1810 Summit Commerce Park  
Twinsburg, OH 44087**

2.6. State what the contract or lease is for and the nature of the debtor's interest **McKesson Connect Contract**

State the term remaining

List the contract number of any government contract

**624683**

**McKesson Medical Supplies  
6555 State Hwy 161  
Irving, TX 75039**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement - Terminated April 2023  
CTS Entity Agreement - Terminated April 2023**

State the term remaining

List the contract number of any government contract

**Midlands Choice  
13815 DNB Pkwy, Suite 250  
Omaha, NE 68154**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Sleep and Home Respiratory Purchase Agreement**

State the term remaining

List the contract number of any government contract

**3/15/2023 - 5 years**

**Philips RS North America LLC  
f/k/a Respironics, Inc.  
6501 Living Place  
Pittsburgh, PA 15206**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Provider Policy**

State the term remaining

List the contract number of any government contract

**ResMed Corp.  
9001 Spectrum Center Blvd.  
San Diego, CA 92123**

Debtor 1 **E-MedMart, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Contract**

State the term remaining

List the contract number of any government contract

**Rhythm Healthcare  
3200 Tyrone Blvd N  
Saint Petersburg, FL 33710**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Contract**

State the term remaining

List the contract number of any government contract

**cancelled 4/30/23**

**Stericycle Shred-it  
28883 Network Place  
Chicago, IL 60673-1288**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Consulting Services Contract**

State the term remaining

List the contract number of any government contract

**Cancelled 4/1/23**

**The van Halem Group  
PO Box 2817  
Waterloo, IA 50701**

Fill in this information to identify the case:

Debtor name E-MedMart, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Home Health Solutions, Inc.	909 Willson Ave. Webster City, IA 50595	Gordon Flesch Company, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____
2.2	Maureen Seamonds	2623 Timberlane Trail Webster City, IA 50595	Newcastle Chase LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.65</u> <input type="checkbox"/> G _____
2.3	Maureen Seamonds	2623 Timberlane Trail Webster City, IA 50595	Newcastle Properties LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.66</u> <input type="checkbox"/> G _____
2.4	Thomas J. Chambers	303 Loblolly Ct. Myrtle Beach, SC 29572	Newcastle Chase LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.65</u> <input type="checkbox"/> G _____
2.5	Thomas J. Chambers	303 Loblolly Ct. Myrtle Beach, SC 29572	Newcastle Properties LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.66</u> <input type="checkbox"/> G _____

Debtor E-MedMart, Inc. Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Home Health Solutions, Inc.	909 Willson Ave. Webster City, IA 50595	Gordon Flesch Company, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
-----	-----------------------------	--	-----------------------------	--



**Fill in this information to identify the case:**

Debtor name E-MedMart, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**For year before that:**  
From 1/01/2021 to 12/31/2021

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$-28,761.00

**For the fiscal year:**  
From 1/01/2020 to 12/31/2020

☒ Operating a business  
☐ Other \_\_\_\_\_

\$268,527.00

**For the fiscal year:**  
From 1/01/2019 to 12/31/2019

☒ Operating a business  
☐ Other \_\_\_\_\_

\$324,431.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **E-MedMart, Inc.**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Dentons Davis Brown PC</b> <b>215 10th St, Suite 1300</b> <b>Des Moines, IA 50309-3993</b>	<b>5/26/23</b>	<b>\$13,161.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>Home Health Solutions, Inc.</b> <b>909 Willson Ave.</b> <b>Webster City, IA 50595</b>	<b>2/17/23;</b> <b>3/3/23;</b> <b>3/17/23;</b> <b>3/31/23;</b> <b>4/11/23;</b> <b>4/18/23</b>	<b>\$8,116.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Payroll</b>
3.3. <b>Potter and Brant, P.L.C.</b> <b>PO Box 189</b> <b>Webster City, IA 50595</b>	<b>3/10/23;</b> <b>5/26/23</b>	<b>\$14,952.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Thomas J. Chambers</b> <b>303 Loblolly Ct.</b> <b>Myrtle Beach, SC 29572</b>	<b>5/25/23</b>	<b>\$34,393.72</b>	<b>Sale of 614 Division St., Webster City, IA, by Newcastle Chase LLC as source of funds to pay off Availa Bank line of credit.</b>
4.2. <b>Maureen Seamonds</b> <b>2623 Timberlane Trail</b> <b>Webster City, IA 50595</b>	<b>5/25/23</b>	<b>\$34,393.72</b>	<b>Sale of 614 Division St., Webster City, IA, by Newcastle Chase LLC as source of funds to pay off Availa Bank line of credit.</b>
4.3. <b>Thomas J. Chambers</b> <b>303 Loblolly Ct.</b> <b>Myrtle Beach, SC 29572</b>	<b>5/5/23</b>	<b>\$65,606.28</b>	<b>Sale of 509 1st St., Webster City, IA, by Newcastle Properties LLC as source of funds to pay down Availa Bank line of credit.</b>
4.4. <b>Maureen Seamonds</b> <b>2623 Timberlane Trail</b> <b>Webster City, IA 50595</b>	<b>5/5/23</b>	<b>\$65,606.28</b>	<b>Sale of 509 1st St., Webster City, IA, by Newcastle Properties LLC as source of funds to pay down Availa Bank line of credit.</b>
4.5. <b>Thomas J. Chambers</b> <b>303 Loblolly Ct.</b> <b>Myrtle Beach, SC 29572</b>	<b>Misc.</b>	<b>\$7,800.00</b>	<b>Interest Payments on Secured Debt (approximately) - Availa Bank, 635 First Street, Webster City, IA 50595</b>

Debtor **E-MedMart, Inc.**

Case number (if known)

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.6. <b>Maureen Seamonds</b> <b>2623 Timberlane Trail</b> <b>Webster City, IA 50595</b>	<b>Misc.</b>	<b>\$7,800.00</b>	<b>Interest Payments on Secured Debt (approximately) - Avila Bank, 635 First Street, Webster City, IA 50595</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Debtor **E-MedMart, Inc.**

Case number (if known)

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?  
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Dentons Davis Brown PC  
215 10th St, Suite 1300  
Des Moines, IA 50309-3993****2/22/23;  
5/26/23****\$14,161.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?  
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy  
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or

Debtor **E-MedMart, Inc.**

Case number (if known)

- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Healthcare Information related to Durable Medical Equipment sold to Patients**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Debtor **E-MedMart, Inc.**

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

Debtor **E-MedMart, Inc.**

Case number (if known)

Name and address	Date of service From-To
26a.1. <b>Kristan M. Brant Potter and Brant, P.L.C. PO Box 189 Webster City, IA 50595</b>	<b>2021-2023</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Kristan M. Brant Potter and Brant, P.L.C. PO Box 189 Webster City, IA 50595</b>	
26c.2. <b>Maureen Seamonds 2623 Timberlane Trail Webster City, IA 50595</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>Availa Bank Ryan Williams, Market President 635 First Street Webster City, IA 50595</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 <b>Deb Nelson</b>	<b>March 2023</b>	<b>\$57,918.50</b>
<b>Name and address of the person who has possession of inventory records</b> <b>Maureen Seamonds</b> <b>909 Willson Ave.</b> <b>Webster City, IA 50595</b>		

Debtor **E-MedMart, Inc.**

Case number (if known)

27.2	Name of the person who supervised the taking of the inventory <b>Deb Brown</b>	Date of inventory <b>December 2022</b>	The dollar amount and basis (cost, market, or other basis) of each inventory
	Name and address of the person who has possession of inventory records <b>Maureen Seamonds</b> <b>909 Willson Ave.</b> <b>Webster City, IA 50595</b>		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Thomas J. Chambers	303 Loblolly Ct. Myrtle Beach, SC 29572	Vice President Home Health Solutions, Inc. co-owner	49
Name	Address	Position and nature of any interest	% of interest, if any
Maureen Seamonds	2623 Timberlane Trail Webster City, IA 50595	President/Secretary Home Health Solutions, Inc. co-owner	51
Name	Address	Position and nature of any interest	% of interest, if any
Home Health Solutions, Inc.	909 Willson Ave. Webster City, IA 50595	Parent of Debtor	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Home Health Solutions, Inc.	EIN: 42-1476018

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.



Debtor **E-MedMart, Inc.**

Case number (if known)

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 6, 2023**

**/s/ Maureen A. Seamonds**

Signature of individual signing on behalf of the debtor

**Maureen A. Seamonds**

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Accendo Insurance Co.  
151 Farmington Ave.  
Hartford, CT 06156

Administrative Concepts  
PO Box 4000  
Collegeville, PA 19426

Aetna Coventry  
601 W. 11th  
Coffeyville, KS 67337

Allianz Trade in North America  
Collections - Accounting  
800 Red Brook Blvd.  
Owings Mills, MD 21117

American Board of Certification  
330 John Carlyle Street Ste. 210  
Alexandria, VA 22314

American Continental  
PO Box 14770  
Lexington, KY 40512

American Republic  
PO Box 21670  
Saint Paul, MN 55121

Amerigroup  
PO Box 61010  
Virginia Beach, VA 23466

Anthem Blue Cross and Blue Shield  
PO Box 105187  
Atlanta, GA 30348

ARI Network Services, Inc.  
120 W Second St.  
Duluth, MN 55802

Attorney General of the United States  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20503-0001

Auto Owners Insurance  
PO Box 740312  
Cincinnati, OH 45274-0312

Auto Owners Insurance  
PO Box 30315  
Lansing, MI 48909-7815

Auxiant Midlands  
PO Box 5809  
Troy, MI 48007

Availity  
5555 Gate Parkway Ste. 110  
Jacksonville, FL 32256

Banker's Fidelity  
PO Box 105652  
Atlanta, GA 30348

BCBS of Iowa  
PO Box 9232  
Des Moines, IA 50306

Bird and Cronin LLC  
1200 Trapp Rd.  
Saint Paul, MN 55121

Black Hills Energy  
PO Box 7966  
Carol Stream, IL 60197-7966

Black Hills Energy  
PO Box 6001  
Rapid City, SD 57709-6001

Capital One Spark Business  
PO Box 4069  
Carol Stream, IL 60197-4069

Cardinal Health at-Home  
fka RGH Enterprises, Inc.  
PO Box 635864  
Cincinnati, OH 45263-5864

Centene Corporation  
7700 Forsyth Rd.  
Saint Louis, MO 63101

Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Windsor Mill, MD 21244

Century Link  
PO Box 2956  
Phoenix, AZ 85062-2956

Cigna MCR Supplement  
PO Box 26580  
Austin, TX 78755

City of Webster City  
400 2nd St.  
PO Box 217  
Webster City, IA 50595-0217

CJ Moyna & Sons  
24412 1A-13  
Elkader, IA 52043

Crestview Nursing and Rehab  
2401 Des Moines St.  
Webster City, IA 50595

Deluxe Checks and Envelopes  
PO Box 4656  
Carol Stream, IL 60197-4656

Dentons Davis Brown PC  
215 10th St, Suite 1300  
Des Moines, IA 50309-3993

Department of Health & Human Svcs.  
General Counsel  
200 Independence Avenue, S.W.  
Washington, DC 20201

DME MAC Jurisdiction D  
PO Box 6727  
Fargo, ND 58108-6727

Don Seamonds  
2623 Timberlane Trail  
Webster City, IA 50595

EMC Insurance  
PO Box 717  
717 Mulberry  
Des Moines, IA 50303

Euler Hermes Collections NA  
800 Red Brook Blvd., Suite 400C  
Owings Mills, MD 21117

Euler Hermes Collections NA  
420 Montgomery  
San Francisco, CA 94104

Fitzgerald Industries  
1903 Tabor Avenue  
Manson, IA 50563

Fredrikson & Byron, P.A.  
200 S 6th St., Suite 4000  
Minneapolis, MN 55402

Fredrikson & Byron, P.A.  
525 Park St. Suite 225  
Angora, MN 55703-2111

Gerber Life Insurance Co.  
PO Box 2271  
Omaha, NE 68103

Gordon Flesch Company, Inc.  
aka GFC Leasing  
PO Box 2290  
Madison, WI 53701

Great Southern Life Ins. Co.  
PO Box 10814  
Clearwater, FL 33757

Hamilton County Public Health  
1610 Collins, Suite One  
Webster City, IA 50595

Hamilton County Sheriff Work Comp.  
2300 Superior St. Ste. 8  
Webster City, IA 50595

Hamilton County Treasurer's Office  
2300 Superior St. #7  
Webster City, IA 50595

Hawkeye Pest Control  
1795 Park Circle  
Clarion, IA 50525

HealthPartners  
8170 33rd Ave. S  
Minneapolis, MN 55425

HealthPartners Claims  
PO Box 1289  
Minneapolis, MN 55440-1289

Heartland National  
PO Box 11903  
Winston Salem, NC 27116

Home Health Solutions, Inc.  
909 Willson Ave.  
Webster City, IA 50595

Humana Gold Care  
Attn: Claims  
PO Box 8030  
Farmington, MO 63640

Independence Medical  
1810 Summit Commerce Park  
Twinsburg, OH 44087

Inogen  
600 Shiloh Rd.  
Plano, TX 75074

Invacare Corporation  
1 Invacare Way  
Elyria, OH 44035-4190

Iowa Board of Pharmacy  
400 S.W. 8th St. Ste. E  
Des Moines, IA 50309-4688

Iowa Total Care  
1080 Jordan Creek Pkwy, Suite 100  
West Des Moines, IA 50266

Iowa Total Care  
Attn: Claims  
PO Box 8030  
Farmington, MO 63640

J & D Computers  
312 E 1st St.  
Grimes, IA 50111

Julius Zorn, Inc.  
3690 Zorn Drive  
Cuyahoga Falls, OH 44223

Juzo  
PO Box 1088  
Cuyahoga Falls, OH 44223

K.C. Nielsen Ltd.  
223 Herman St.  
Woolstock, IA 50599

K.C. Nielsen Ltd.  
400 Closz Dr.  
Webster City, IA 50595



Knit-Rite, Inc.  
120 Osage Avenue  
Kansas City, KS 66105

KR Employment LLC  
2818 NW 25th St.  
Ankeny, IA 50023

Lake Court Medical Supplies  
27733 Groesbeck Hwy  
Roseville, MI 48066

Lake Court Medical Supplies  
1400 Mark St.  
Elk Grove Village, IL 60007

Lumen Work Comp  
925 High Street  
Des Moines, IA 50309

Maureen Seamonds  
2623 Timberlane Trail  
Webster City, IA 50595

Maximus Federal Services, Inc.  
QIC DME Project  
3750 Monroe Ave., Suite 777  
Pittsford, NY 14534-1302

McKesson Medical Supplies  
6555 State Hwy 161  
Irving, TX 75039

McKesson Medical Supplies  
6555 State Hwy 161  
Irving, TX 75039

Medica  
PO Box 981647  
El Paso, TX 79998

Medical Assoc. Comm. Plan  
1605 Associate Dr.  
Dubuque, IA 52002

Medicare Aetna  
PO Box 981106  
El Paso, TX 79998

Medicare DMERC Region D - CEDI  
PO Box 6727  
Fargo, ND 58106

Medicare UHC/AARP  
PO Box 30995  
Salt Lake City, UT 84130

Meritain Health  
1405 Xenium Ln N #140  
Minneapolis, MN 55441

Midlands Choice  
8420 W Dodge St. Ste. 21  
Omaha, NE 68114-3459

Midlands Choice  
PO Box 1289  
Minneapolis, MN 55440

Midlands Choice  
13815 FNB Parkway, Suite 250  
Omaha, NE 68154

Midlands Choice  
13815 DNB Pkwy, Suite 250  
Omaha, NE 68154

Molina Healthcare  
3000 Corporate Exchange Drive  
Columbus, OH 43231

MyMedMartCBD, LLC  
723 Seneca St.  
Webster City, IA 50595

Newcastle Chase LLC  
723 Seneca St.  
Webster City, IA 50595-2225

Newcastle Properties LLC  
723 Seneca St.  
Webster City, IA 50595-2225

Noridian Healthcare Solutions, LLC  
PO Box 511531  
Los Angeles, CA 90051-8086

Noridian Healthcare Solutions, LLC  
Attn: Overpayment Redeterminations  
PO Box 6728  
Fargo, ND 58108-6728

Noridian Healthcare Solutions, LLC  
PO Box 6727  
Fargo, ND 58108-6727

Noridian Healthcare Solutions, LLC  
PO Box 6713  
Fargo, ND 58108-6713

Noridian Healthcare Solutions, LLC - JD  
Attn. Appeals  
900 42nd. St. S  
Fargo, ND 58103

Noridian JD DME  
Attn. Appeals  
900 42nd. St. S  
PO Box 6727  
Fargo, ND 58103-2119

Omaha Insurance Company  
3300 Mutual Of Omaha Plaza  
Omaha, NE 68175

Palmetto GBA  
PO Box 100142  
Columbia, SC 29202-3142

Performant Recovery, Inc.  
PO Box 3568  
San Angelo, TX 76902

Philips RS North America LLC  
f/k/a Respironics, Inc.  
6501 Living Place  
Pittsburgh, PA 15206

Philips RS North America LLC  
174 Tech Center Dr., Suite 200  
Mount Pleasant, PA 15666

Platinum Connect  
620 2nd St. Ste. 2  
PO Box 665  
Webster City, IA 50595

Pride Mobility Products Corp.  
401 York Ave.  
Duryea, PA 18642-2025

Priority Health  
PO Box 269  
Grand Rapids, MI 49501

Professional Solutions  
14001 University Avenue  
Clive, IA 50325-8258

Progressive  
PO Box 6807  
Cleveland, OH 44101

ResMed Corp.  
9001 Spectrum Center Blvd.  
San Diego, CA 92123

Rhythm Healthcare  
3200 Tyrone Blvd. N  
Saint Petersburg, FL 33710

Rhythm Healthcare  
3200 Tyrone Blvd N  
Saint Petersburg, FL 33710

Secura Insurance  
PO Box 14874  
Lexington, KY 40512

Selective Insurance  
PO Box 782747  
Philadelphia, PA 19178

Seneca Foundry Inc.  
240 Mackinlay Kantor Dr.  
Webster City, IA 50595

State Farm Group Medical  
PO Box 339403  
Greeley, CO 80633

Stein Heating & Cooling  
1120 E Second St.  
Webster City, IA 50595

Stericycle Shred-it  
28883 Network Place  
Chicago, IL 60673-1288

TeamDME!  
750 Old Hickory Blvd.  
Ste. 1-285  
Brentwood, TN 37027-4528

The Hartford  
PO Box 14170  
Lexington, KY 40512

The van Halem Group  
Attn: Sandra Gauron  
PO Box 2817  
Waterloo, IA 50701

The van Halem Group  
101 Marrietta St SW, Suite 2460  
Atlanta, GA 30303

The van Halem Group  
1111 W San Marnan Dr.  
Waterloo, IA 50701

The van Halem Group  
PO Box 2817  
Waterloo, IA 50701

Thomas J. Chambers  
303 Loblolly Ct.  
Myrtle Beach, SC 29572

Tony Jones  
904 2nd St.  
Webster City, IA 50595

Tricare for Life  
PO Box 7890  
Madison, WI 53707

Tricare Health Net  
PO Box 202112  
Florence, SC 29502

Tricare West  
PO Box 8999  
Madison, WI 53708

Trulife  
2010 East High St.  
Jackson, MI 49203

U.S. Department of Health & Human Svcs.  
Office of Medicare Hearings and Appeals  
230 N. First Avenue, Suite 302  
Phoenix, AZ 85003

U.S. Department of Health & Human Svcs.  
Medicare Appeals Council, MS 6127  
Cohen Bldg Room G-644  
330 Independence Ave., S.W.  
Washington, DC 20201

U.S. Department of Health & Human Svcs.  
General Counsel  
200 Independence Avenue, S.W.  
Washington, DC 20201

United HealthCare  
PO Box 30555  
Salt Lake City, UT 84130

United Medical Resources UMR  
PO Box 30541  
Salt Lake City, UT 84130

United World  
3316 Farnam St.  
Omaha, NE 68175

UPMC Comm HealthChoices  
PO Box 2995  
Pittsburgh, PA 15230

VA Healthcare  
PO Box 30780  
Tampa, FL 33604

Van Diest Supply  
PO Box 21853  
Saint Paul, MN 55121

Vantec LLC  
205 Closz Dr.  
Webster City, IA 50595

Wagner, Falconer & Judd, Ltd.  
100 South Fifth Street, Suite 800  
Minneapolis, MN 55402



Webster City Utilities  
PO Box 217  
Webster City, IA 50595-0217

Wellmark  
PO Box 9232  
Des Moines, IA 50306-9232

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Northern District of Iowa**

In re **E-MedMart, Inc.**

Debtor(s)

Case No.

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept \_\_\_\_\_ \$ \_\_\_\_\_

Prior to the filing of this statement I have received \_\_\_\_\_ \$ \_\_\_\_\_

Balance Due \_\_\_\_\_ \$ \_\_\_\_\_

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of \_\_\_\_\_ \$ **1,000.00**

The undersigned shall bill against the retainer at an hourly rate of \_\_\_\_\_ \$ **435.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. [Other provisions as needed]

**Representation of the debtors at the meeting of creditors only.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Excludes any challenges to receive Chapter 7 relief, relief from stay, or challenges to bankruptcy filing in general.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**June 6, 2023**

*Date*

**/s/ Julie Johnson McLean**

**Julie Johnson McLean AT#0005185**

*Signature of Attorney*

**Dentons Davis Brown PC**

**215 10th Street, Suite 1300**

**Des Moines, IA 50309**

**515-288-2500 Fax: 515-243-0654**

**julie.mclean@dentons.com**

*Name of law firm*

**United States Bankruptcy Court  
Northern District of Iowa**

In re **E-MedMart, Inc.**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **E-MedMart, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Home Health Solutions, Inc.**  
**909 Willson Ave.**  
**Webster City, IA 50595**

☐ None [*Check if applicable*]

**June 6, 2023**

Date

**/s/ Julie Johnson McLean**

**Julie Johnson McLean AT#0005185**

Signature of Attorney or Litigant

Counsel for **E-MedMart, Inc.**

**Dentons Davis Brown PC**

**215 10th Street, Suite 1300**

**Des Moines, IA 50309**

**515-288-2500 Fax:515-243-0654**

**julie.mclean@dentons.com**